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ABSTRACT

The Teenage Parent Program in the Alexandria City Public Schools was improved in the areas of increased attendance of pregnant teenagers and adolescent mothers; increased numbers of students earning credit for participation; utilization of a variety of instructional methods by interagency instructors; increased student comprehension of course content; increased student attendance in school post-delivery; and maintenance of 100% utilization of the Well Baby Clinic or private physician for infant care. Existing practices in providing educational programs and services to pregnant teenagers were reviewed and applied to the interagency program. Home-school counselors were supervised in their role as caseworkers for students and in their liaison role between school personnel and students and their parents. Consultation was provided to interagency instructors at monthly planning meetings. Inservice education sessions conducted for these instructors focusing on: resequencing of course content, basing instruction on specific objectives, developing appropriate instructional methods, and engaging the students in a variety of creative learning activities. Multiple choice reviews (tests) were developed from instructors' objectives. Each class session was observed; these observations were recorded on an adaptation of the Flanders Interactional Analysis form. (Author)

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THE IMPROVEMENT OF AN INTERAGENCY PROGRAM FOR TEENAGE PARENTS IN A SCHOOL SYSTEM

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ABSTRACT

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DESCRIPTORS *Attendance; Attendance Patterns; Board of Education Policy; Casework Approach; *Classroom Observation; *Comprehension; Consultants; Counseling Goals; *Counseling Services; *Dropout Prevention; Educable Mentally Handicapped; *Educational Objectives; Emotionally Disturbed; *Family Planning; Homebound Instruction; Individual Development; *Infant Behavior; *Inservice Education; *Interagency Cooperation; Intervention; *Interviews; *Learning Characteristics; Learning Disabilities; *Multiple Choice Tests; *Nutrition Instruction; *Parent Child Relationship; *Parenthood Education; *Pregnancy; *Pregnant Students; Premature Infants; *Program Improvement; *Pupil Personnel Workers; *School-Age Parent Programs; Supervisory Activities; Surveys; *Teaching Methods

ABSTRACT The Teenage Parent Program in the Alexandria City Public Schools was improved in the areas of: (1) increased attendance of pregnant teenagers and adolescent mothers in the program; (2) increased number of students earning credit for participation in the program; (3) utilization of a variety of instructional methods by interagency instructors; (4) increased student comprehension of course content; (5) increased student attendance in school post-delivery; and (6) maintenance of 100 percent utilization of the Well Baby Clinic or private physician for infant care. Existing practices in providing educational programs and services to pregnant teenagers were reviewed and applied to the interagency program. Home-school counselors were supervised in their role as caseworkers for students and in their liaison role between school personnel and students and their parents. Consultation was provided to interagency instructors at monthly planning meetings. A series of inservice education sessions was conducted for these instructors focusing on: (1) resequencing of course content; (2) basing instruction on specific objectives; (3) developing appropriate instructional methods; and (4) engaging the students in a variety of creative learning activities. Multiple choice reviews (tests), for students to complete following instruction, were developed from instructors' objectives. Each class session was observed; these observations were recorded on an adaptation of the Flanders Inter-

actional Analysis form. Anecdotal records were also kept for each class observation. Interagency instructors evaluated each class they taught throughout the school year. Home-school counselors interviewed students who received credit for the program following delivery and their participation in the program; this procedure served as the students' evaluation of the program. Attendance records were maintained for students returning to school post-delivery. With the assistance of public health nurses, similar attendance records were maintained for students obtaining health care for their infants. A follow-up report will ascertain the extent of the students' return to school, as well as utilization of the Well Baby Clinic or private physician for infant care, for those students who delivered late in the second semester or thereafter. (Included in the appendixes are items relevant to teenage pregnancy and parenthood.)

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CHAPTER I

BACKGROUND INFORMATION AND NEEDS ASSESSMENT

Educational programming for pregnant teenagers requires the coordinated services of education, health, social, and varied public agencies. Recognizing this, the Alexandria City Public Schools implemented a "School-Age Parent Program" during the 1972-73 school year. This interagency project hosted by the school system included the Alexandria Mental Health Association, Alexandria Community Y, Alexandria Department of Social Services, Alexandria Juvenile Court, Alexandria Public Health Department, Alexandria Red Cross, Northern Virginia Family Services, Planned Parenthood of Northern Virginia, Virginia Polytechnic Institute State University Extension Program, and Young Women's Christian Association. The representative interagency leaders understood the period of adolescence as naturally involving problems of growing up characterized by both rebelliousness and dependency, among other vacillating needs and behavior. Moreover, these advocates were most sensitive to these additional problems facing the pregnant teenager: (1) the risks to her and her baby's health; (2) the social-psychological risks inherent in her peer and family relationships; and (3) the disruption of her education. The combined impact of these problems could be awesome

to the adolescent female; thus, the new interagency program was a beginning effort to meet the still basic medical, nutritional, social-psychological, and educational needs of the pregnant adolescent.[1]

A committee of these interagency leaders adopted a set of objectives for the program, also referred to as "The Alexandria Public Schools Pre-Natal Center."[2] These objectives were:

1. To provide for the better delivery of health and welfare services which the Community already has made available so as to better insure the birth of a healthy baby with a minimum of physical and psychological damage to the mother

2. To aid in motivating the girl to care for her own current and future needs as an individual, and to provide the acceptance which is necessary for her full development of a positive self-image

3. To provide encouragement for her return to school following delivery of her child

4. To assist in preparing the home and school to receive the girl

5. To teach the girl the elements of child care and development[3]

Originally, the intent of the program was for students to attend the Center for two afternoons each week in lieu of participating in physical education classes (appendix A). They were to take four academic courses at their respective high schools.

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[1]Carol A. Slavick, Coping with Teen-age Parents (Bethesda, Md.: ERIC Document Reproduction Service, ED 106 919, 1975), p. 5.

[2]Robert J. Buttermark, "Annual Report of the Pre-Natal Center," report submitted to the Superintendent, Alexandria City Public Schools, Alexandria, Virginia, 15 June 1973, p. 1. (Typewritten.)

[3]Ibid.

Homebound instruction was to be provided as an alternative for taking the courses at school, if a physician documented that the student was physically or emotionally unable to attend school regularly. The students also had the option to attend night school. The younger, middle school students were to be placed on homebound instruction according to the same procedure; however, they were also expected to attend the program at the Center twice each week. Furthermore, the Center was to be located within one of the high schools, but the location was eventually established at the Secondary Schools Occupational Center, a special education vocational center for students.[1]

Considering the political and social climate of the City, the program continued to operate with limited visibility for the next three years. While assuming this low profile, the program eventually lost its steam since students were strongly encouraged to attend the program in addition to other educational options they selected. The interagency leaders' determination continued to maintain the program despite a decrease in attendance during the 1975-76 school year. By the spring of 1976, the program consisted of twelve class sessions (appendix B). The major change from the preceding class schedule (appendix C) was the combination of the counseling component with didactic, instructional lessons; both components were now to be offered on the same afternoon. Previously, one afternoon was set aside

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[1]Alexandria City Public Schools, "Policies, Rules and Regulations," Alexandria, Virginia, 1972, p. 91. (Typewritten.)

for counseling and the other afternoon for instruction. Interagency leaders hoped that this new schedule would result in more students attending the course on a regular basis.

Attendance

Of the forty-eight known pregnant students during the 1975-76 school year, twelve (25 percent) attended the School-Age Parent Program at least once.[1] At the end of the school year, nine (19 percent) of the known pregnant students received credit for the course.[2] The interagency leaders remained concerned about their investment in both time and manpower for so few students. Indeed, the voluntary aspect of this investment should be kept in mind. Also, in a program of this nature the benefits to both the mothers and their children should likewise be remembered. Thus, the number of student lives affected by this intervention is doubled.

Instruction

While this model of interagency programming for pregnant adolescents may not have been as comprehensive or as favorably politically based as others,[3] its scope seemed appropriate for

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[1]Known pregnant students refers to all of those brought to the attention of the Coordinator of the School-Age Parent Program by school and community personnel, as well as by direct referral by the student herself.

[2]In order for any student to be eligible for earning credit for the course, the student must have attended classes a minimum of five times.

[3]Slavick, Coping with Teen-age Parents, pp. 7-26; Harold Goldmeier, "School-Age Parents and the Public Schools," Children

the community in which it operated. All personnel recognized that the program was scheduled according to the school calendar, not according to the course of pregnancy for each student. Secondly, those involved were aware that they scheduled their voluntary instructional or counseling activities according to their availability. In addition, these interagency leaders had not addressed the issue that many of the students had learning problems requiring the utilization of alternative teaching methods and strategies. The educational characteristics of the 1975-76 pregnant students, as well as those of the 1976-77 group, are summarized in appendix D. When the two groups are compared, the relative similarity of both are notable.

Considering the status of this program, the writers surveyed the focal interagency leaders (those directly involved in the instructional and counseling phases of the program as opposed to interested representatives) at their meeting in August 1976. The responses to the survey by the ten focal leaders are summarized in table 1.

The majority of those surveyed were favorable to only one of the five items; they believed that the choice of topics taught was either good (70 percent) or adequate (30 percent). The leaders were unanimous in their belief that attendance was poor; this further supported the data cited earlier. Most of the leaders recognized that student interest was poor. While half of the group tended to believe that planning for the workshops was

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Today 5 (September-October 1976): 18-20; and "Program Notes," Sharing (Spring 1973): 27-37.

TABLE 1

RESPONSES TO INTERAGENCY LEADERS' SURVEY
AUGUST 1976

Statement	Percent Good	Percent Adequate	Percent Poor
1. I felt the planning for the workshops was:	40	10	50
2. I felt the choice of topics was:	70	30	--
3. I felt the comprehension of the concepts by the students was:	30	20	50
4. I felt the students' interest in the program was:	10	20	70
5. I felt attendance by the students was:	--	--	100

poor, the other half believed more positively about these two aspects. At the August meeting the schedule for fall semester 1976 (appendix E) also was confirmed with the interagency leaders.

During September 1976, baseline data were obtained by the writers at the first three classes. This was the first attempt to view objectively what was actually happening in the classroom; this effort was a result of the interagency leaders' responses to items one, three, and four in table 1. Each writer observed one class session using an adaptation of the Flanders Interaction Analysis Technique (appendixes F and G). An analysis of the data revealed that 92 percent of the recorded tallies were in the lecturing category. Anecdotal notes, alternating with the Flanders technique, were also kept; these notes supported the tallied data.

In respect to item three of table 1, there had never been any measure of student comprehension since the program was instituted in the 1972-73 school year. The writers proceeded to obtain baseline data for two aspects related to student comprehension. First, baseline data were collected during the first semester of the 1976-77 school year to ascertain the cumulative rate of comprehension of course content material by the group of students receiving credit for the course. This data would later be compared to that of the second semester group of students. When the data were tallied at the end of the first semester, this group of students had comprehended 75 percent of the course content material as measured by a cumulative multiple choice review.

Secondly, at the beginning of the first semester, each student's growth rate in comprehension was charted for three consecutive classes to obtain baseline data. On the average, the students were comprehending 55 percent of the course content material as measured by multiple choice reviews following instruction at each class. The data from the individual student's reviews for each class would later be compared to the cumulative measure of her comprehension of course content material.

Continuity of Education

Follow-up on all students receiving credit for the course during the 1975-76 school year was done for the six months following delivery for each student. One of the nine students moved from Alexandria; thus, actual follow-up was only possible for eight students. Two students (25 percent) had returned to

school and were attending more than half of their scheduled time. Four students (50 percent) had returned to school at some time, but were attending marginally or far below half of their scheduled time. Two students (25 percent) had dropped out of school. In relation to the objectives of the program, only two of eight students appeared to be returning to school to continue their education following the birth of their children.

Infant Health Care

Of all efforts put forth by interagency leaders, only one clear-cut payoff resulted. Of the 1975-76 students, who received credit for the course, 100 percent attended the Well Baby Clinic at the Alexandria Public Health Department. Six months after delivery, all eight students (there were nine, but one had moved) had utilized the services of the Clinic for their infants on a regular basis. They kept their scheduled appointments and followed through on referrals to other sources for infant care. The Well Baby Clinic is a preventative program requiring regular visits at specific intervals for infants two months old to one year old. This follow-up information was summarized by the public health nurse liaison from data maintained by her colleagues.

To improve this "Teenage Parent Program,"[1] the authors believed that such improvements must evolve in a fashion that would be least disruptive for the students. Likewise, considering the many interests of the participating agency representatives,

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[1]At the August meeting of interagency leaders, the decision to change the name of the program was made once more.

the authors decided to conduct all activities leading to improvements in a low-key manner, keeping the educational welfare of the young expectant mothers foremost in mind. Therefore, strategies leading to improvement of instruction, and subsequent growth in student comprehension, would be developed. To complement the degree of understanding of the social milieu surrounding this educational undertaking, the writers' review of current programs and information pertaining to school-age parents follows.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

Historically, most citizens have been committed to the principle of education for all students. However, prior to the past two decades, too many people assumed the attitude that pregnant teenagers, due to their dilemma, forfeited the opportunity to attend school and obtain an education.[1]

Increases in teenagers (ages 13-19) giving birth reached high proportions in the sixties. The statistical factors arising from the increase in this birth rate, combined with other societal factors, demonstrated the need for school-age parenthood educational programs. As the public became aware of this problem, specialized services for teenage parents emerged. These first programs consisted of uncoordinated health care, social services, and special education. National advocacy for school-age parenthood programs provided impetus for the dissemination of information on a large scale to those communities desirous of establishing comprehensive services.

In an attempt to provide public education for all its students in the early seventies, the Alexandria City Public

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[1]Goldmeier, "School-Age Parents and the Public Schools," p. 18.

Schools initiated a school-age parent program. This program was developed with the cooperative services of education, health, welfare, and other social agencies. The first stage, or initiation phase, in any endeavor is to get underway. The writers were involved in the second stage of this inter-agency teenage parent program. This stage is considered the effectiveness phase. The intent of the writers is to present literature about programs for school-age parents which compare to the one in Alexandria.

Statistical Incidence of Teenage Pregnancy

According to Braen and Forbush, the statistical picture of the teenage birth rate readily demonstrated the need for adolescent parenthood programs. In 1962, approximately 5,100 unmarried women under the age of fifteen gave birth; by 1968 the number increased to 7,700. For 1962, the total number of unmarried women in the fifteen to nineteen age range who gave birth was close to 94,000; in 1968 the figure reached 158,000, an increase of over 64,000. In analyzing these statistics, Braen and Forbush believed that this increase was due partially to more women under the age of twenty emigrating to this country, to better nutrition, and to the earlier onset of menstruation.[1]

Goodman attributed the public's concern for the pregnant teenager's problem to widespread distribution of statistical

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[1]Bernard B. Braen and Janet B. Forbush, "School-Age Parenthood: A National Overview." The Journal of School Health 45 (May 1975): 257.

reports in various states and at the federal level. With thirty-five states reporting, the National Center for Health Services estimated that 275,700 illegitimate births occurred in the United States in 1964, of which 40 percent were born to mothers under the age of twenty. Seventy out of each 1,000 children were born out of wedlock. A clearer picture emerged through Goodman's citations of the following statistics:

> Although the illegitimacy rate among teenagers appears to be relatively static, the illegitimacy ratio (the number of illegitimate babies per 1,000 live births) is extremely high--approximately 750 per 1,000. This rising trend can be attributed to two facts; (a) very few teenage girls are married and (b) as a result of the 1945-1949 baby boom the number of teenagers rapidly increased and is now a larger proportion of the total population of women of child bearing age.[1]

Goodman cited Hunt's presentation of some generalizations on illegitimacy based on demographic data:

1. The illegitimacy ratio continues to be higher for non-whites than for white births, however since 1958 the ratio for white births has been increasing;
2. In 1963, among white mothers, the percentage of births out of wedlock was 3 to 1 and among nonwhites 23 to 6;
3. Persons of low per capita income have a higher illegitimacy rate than others.[2]

More recently, Braen and Forbush indicated that "by 1972 there were 495,000 girls under the age of 20 who delivered a first child. Sixty percent of the 15 to 20 year olds were

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[1] Elizabeth M. Goodman, "Providing Uninterrupted Education and Supportive Services for Adolescent Expectant Mothers," Exceptional Children 35 (May 1969): 714.

[2] Ibid., p. 714.

married by the time the child was born, but most of the marriages were forced and tended to end in divorce."[1] They presented statistics that showed an increase in the birth rate among teenagers and indicated that pregnancy among school-age students has the greatest single factor for contributing to the dropout rate.

In Questions and Answers on School-Age Pregnancy, figures collected on a national basis showed that one out of every ten girls in the United States will become a mother while still of school age.[2]

In his support of programs for pregnant teenagers, Edward Kennedy pointed out to Congress that school-age pregnancy presents grave concerns to the public schools and to society in general.[3]

Characteristics of Teenage Mothers

In an attempt to isolate the characteristics of pregnant adolescents, Fischman reported on a study that was conducted in Baltimore, Maryland. This study focused upon the differences between girls who chose to have abortions and those who chose to

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[1]Braen and Forbush, "School-Age Parenthood: A National Overview," p. 257.

[2]Consortium on Early Childbearing and Childrearing, Questions and Answers on School-Age Pregnancy (Washington, D.C.: Consortium on Early Childbearing and Childrearing, n.d.), p. 2.

[3]Edward M. Kennedy, The National School-Age Mother and Child Health Act of 1975, S. 2533, 94th Cong., 1st sess., 21 October 1975, Congressional Record 121:1-2.

have their babies. The girls who were interviewed at the Baltimore City Health Department were black, between the ages of thirteen and eighteen.[1] The New Brunswick, New Jersey School District program for school-age parents reported that the majority of the pregnant students were poor, never have had personal attention, and had a history of poor academic performance.[2]

De Lissovoy's findings revealed information that should be shared and considered by those who work with adolescents in school and/or in community agencies. The majority of the young mothers in this study were impatient, irritable, and prone to use physical punishment with their children. The author pointed out some timely and important suggestions to help prevent the restrictive and sometimes punitive behavior of the mothers. De Lissovoy did not believe that these negative behaviors were due primarily to ignorance and/or lack of experience. He postulated that "parents' personal social and economic frustrations also affected their behavior toward their children."[3]

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[1]Susan H. Fischman, "The Pregnancy-Resolution Decisions of Unwed Adolescents," Nursing Clinics of North America 10 (June 1975): 217-27.

[2]New Brunswick Public Schools, Resource Manual: Educational Services for School-Age Parents (New Brunswick, N.J.: New Brunswick Public Schools, 1974), p. 3.

[3]Vladimir De Lissovoy, "Child Care by Adolescent Parents," Children Today (July-August 1973). Reprinted by the Ventura County Health Service Agency, Public Health Services, October 1974, p. 25.

Haefner attempted to predict personality traits of adolescent mothers. She focused on the behaviors associated with five personality traits common to adolescents. These traits were "submissiveness, dominance or ascendance; self-sufficiency; confident adequacy; and high energetic tension." She stated that although her findings refute the literature by presenting very positive personality traits, the small sample of eleven adolescents and other limiting factors prevented any valid conclusions from the study. However, she recommended further study to examine: (1) personality traits of adolescent mothers living with parents and/or spouse; (2) personality traits of teenagers and adolescent mothers; and (3) personality traits of low-income and middleclass adolescent mothers. She believed this information would increase the nursing profession's level of knowledge, resulting in more effective work with adolescent mothers.[1]

Grant and Heald analyzed the literature paying special attention to the biological complications of pregnancy in adolescents. They found that over a span of three decades adolescents had a statistically higher rate of prematurity than a comparison group of older mothers. Also, greater rates of

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[1]Christa A. Haefner, "Personality Traits Expressed by Adolescent Mothers in the Mount Vernon District," research paper prepared for Nursing 411, George Mason University, Fairfax, Virginia, 2 May 1977.

toxemia were evident in adolescent mothers.[1] In addition, Gordon and Kennedy's statistics showed that teenagers are four times as likely to give birth to defective children than older mothers. The children of young parents face a high risk of brain damage if early health care is not practiced. All stated that school-age parents experience many health problems. It was further revealed that children of teenage mothers (compared to the children of older mothers) are underweight, shorter, behind in grade level, have lower intelligence quotients, and display infantile behavioral problems.[2]

Gordon reported that a pregnant teenage girl is unlikely to receive the job and social skills needed for employment. As a result, she and her children often become dependent on public welfare for their livelihood.[3] Goldstein stated that two out of every three mothers on Aid to Families with Dependent Children (AFDC) become pregnant in their teens.[4]

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[1]John A. Grant and Felix P. Heald, "Complications of Adolescent Pregnancy: Survey of the Literature on Fetal Outcome in Adolescence." Clinical Pediatrics 11 (October 1972): 569.

[2]Kennedy, The National School-Age Mother and Child Health Act of 1975, pp. 1-2.

[3]Sol Gordon, The Sexual Adolescent Communicating with Teenagers About Sex (North Scituate, Mass.: Duxbury Press, 1974), p. 36.

[4]Phillip J. Goldstein et al., "Vocational Education: An Unusual Approach to Adolescent Pregnancy," Journal of Reproductive Medicine (February 1973). Reprinted by the National Alliance Concerned with School-Age Parents from NACSAP Newsletter 2 (Winter 1974).

Developmental Stages of Comprehensive Services

Over a span of a decade and a half, the need for school-age parent programs became evident when it was learned that pregnancy was the major cause of school dropouts. The majority of young mothers never returned to school following childbirth and even fewer obtained their high school diplomas. The concern for school-age pregnant girls evolved into a movement for social change. In a little more than a decade, the development of programs for school-age pregnant girls has effectively challenged and solicited the help of community agencies. These agencies have been encouraged to work together to deliver comprehensive services to this population of students.[1]

Support at the national level added immeasurably to the extension of services for teenage parents. Several strategies were developed to foster new programs to improve existing programs for pregnant teenage girls. Dissemination of research findings, conferences, workshops, and consultant activities provided the avenues through which these strategies were implemented. The first national effort, the forerunner of many statewide conferences, was held in Florida in December 1971. Florida was chosen as the conference site because the state had recently passed a law making it illegal to prohibit pregnant girls, married or unmarried, from attending public school.[2]

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[1]New Brunswick Public Schools, Resource Manual, pp. 8-10.

[2]Shirley Nelson, "School-Age Parents," Children Today 2 (March-April 1973): 32.

Goodman believed a primary responsibility of public school education is to maintain the school attendance of pregnant adolescents. She also felt the focus should be geared to providing viable and relevant educational programs and supplementary services to prevent dropouts. Furthermore, Goodman stressed that schools should provide a continuity of education in a school setting as well as coordinating and collaborating with other agencies for comprehensive services. It then becomes a school responsibility to continue the student's uninterrupted education and help students receive essential services.[1]

Gerlach pointed out that schools should do more to provide full range services for pregnant students. He noted, "I think we've got to go beyond the scope of that policy by stressing the necessity for alternatives so that each pregnant girl can participate in an educational program suitable to her own physical, psychological, and social needs." Gerlach advocated the need for school systems to plan and implement different kinds of courses of study that would be available to pregnant teenagers.[2]

Current Programs

The authors are aware of the needs of pregnant teenagers in the Alexandria City Public Schools. They are also sensitive to the community climate, which influences the expansion of

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[1]Goodman, "Providing Uninterrupted Education and Supportive Services for Adolescent Expectant Mothers," pp. 713-19.

[2]Harry K. Gerlach, "Conference Quotes," Sharing (Spring 1973): 10.

services. Therefore, it is necessary to focus on reported studies with similar objectives to the Alexandria program.

Jekel believed that program comparison should be avoided unless one is certain that the study populations are comparable and the goals are similar.[1] The Baltimore City Schools' Program for pregnant girls stated,

> As a result of the increase in the number of pregnant students withdrawing from the Public Schools in Baltimore City, this program should be considered a vital component of every secondary school. It is a positive step in the direction of assisting young parents in making decisions concerning the completion of their high school education and accepting the responsibilities of parenthood as young adults.[2]

Goldstein, et al. described a comprehensive adolescent maternity program that was established at San Francisco General Hospital. This program provided pregnant girls, sixteen to twenty-one year olds, with parent skills, general guidance, prenatal care, counseling, an opportunity to achieve a high school diploma, and vocational education.[3]

Kruger cited the "absolute minimum standards of parenthood education programs for school-age parents must include topics of information in the following hierarchy of importance: physiological and psychological aspects of pregnancy, the process of

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[1]James F. Jekel, "The Why, What and How of Evaluating Comprehensive Services to School-Age Parents," paper presented at the Illinois Conference on Comprehensive Services to School-Age Parents, October 1972. Reprinted by the National Alliance Concerned with School-Age Parents from NACSAP Newsletter 2 (Fall 1973).

[2]Baltimore City Public School for Pregnant Girls Attending School, First Annual Report and Evaluation Report (Baltimore, Md.: Baltimore City Public Schools, 1976), p. 26.

[3]Goldstein, et al., "Vocational Education: An Unusual Approach to Adolescent Pregnancy," p. 1.

childbirth and effective involvement and the procedures necessary for adequate early-infant care, and nurturing." For parenthood education to be effective, Kruger believed that curricular information must answer the question, "What does one need to know to become an effective parent?"[1]

The goals of the school-age parent program in Oregon are similar to the Alexandria program. The Oregon program represented the cooperative efforts of several community agencies and continually receives and reflects input from these service components. In evaluation of the objectives on continuing education for pregnant students and young mothers, 80 percent of the school-age mothers returned to school following their delivery.[2]

The Consortium on Early Childbearing and Childrearing observed that "the planners of a program should take in consideration the whole range of the young family's requirements, including their educational, health, social, vocational and practical needs."[3]

Howard and Eddinger pointed out that programs for school-age pregnant adolescents vary as to organization and program scope. They believed that "all programs have at least three common

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[1]W. Stanley Kruger, "Education for Parenthood and School-Age Parents," The Journal of School Health 45 (May 1975): 292-95.

[2]"Day Care Center for School Age Parents Opens in Oregon," reprint of the National Alliance Concerned with School-Age Parents, NACSAP Newsletter 3 (Spring 1975).

[3]Consortium on Early Childbearing and Childrearing, Model Component of Comprehensive Programs for Pregnant School-Age Girls (Washington, D.C.: Consortium on Early Childbearing and Childrearing, n.d.), p. 3.

service components. They offer: early and consistent prenatal care, continuing education on a classroom basis and counseling on a group or individual basis."[1]

The authors were aware of the importance such services contribute to the lives of the pregnant teenager and her future child. The main thread that runs through the literature, as well as the Alexandria program, deals with the present state of continuation of the mother's education. Furthermore, the reported programs are based upon comprehensive services which provide education, health, nutrition, prenatal, postnatal, and guidance (personal and vocational).

As participants in the Alexandria program, the authors helped insure that services rendered to the pregnant teenagers would result in a positive impact on their everyday needs. The authors are fully cognizant that without careful appropriate planning and implementation of the program, a possibility is that the American dream may bypass the pregnant teenagers. The multi-faceted Alexandria program includes these primary components advocated in the literature.

The information gained from the review of the literature indicates that the public's interest and concern for school-age parents is due to reported high incidence of school dropouts related to teenage pregnancy. Likewise, the authors believe

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[1]Marion Howard and Lucy Eddinger, Beginning a Program for Pregnant School-Age Girls (Washington, D.C.: Consortium on Early Childbearing and Childrearing, Information Series No. 1, n.d.).

that the interest and concern of the Alexandria community for pregnant teenagers will insure maximum support to enhance present services and expand other services.

This review of current programs and information pertaining to school-age parents in the mid-seventies will complement the degree of understanding of this social and educational phenomenon in Alexandria, while further establishing the framework for designing intervention strategies to improve the program.

CHAPTER III

OBJECTIVES

Attendance

1. To increase pregnant students' attendance in the Teenage Parent Program at least 25 percent more than last year.
    a. During the first semester 50 percent of all known pregnant teenage students will attend one or more class sessions as indicated by attendance records.
    b. During the second semester 50 percent of all known pregnant teenage students will attend one or more class sessions as indicated by attendance records.
2. To increase the number of students receiving academic credit at least 21 percent more than last year.
    a. For the first semester 40 percent of all known pregnant teenagers will receive credit for the Teenage Parent Program by attending at least five sessions.
    b. For the second semester 40 percent of all known pregnant teenagers will receive credit for the Teenage Parent Program by attending at least five class sessions.

Instruction

3. To increase the comprehension rate of content material of the second semester group of students by at least 20 percent more correct responses than the first semester group of students on instruments designed by the authors.
4. To increase the comprehension rate of content material for each student receiving credit for the course by at least 30 percent more correct responses on a cumulative instrument when compared to each student's comprehension rate during the course.

Process Objective: To decrease the amount of lecturing by interagency instructors to 45 percent fewer tallies as evidenced by the utilization of categories of the "Flanders Interactional Analysis Tally Sheet" during the second semester when compared to the first semester.

Continuity of Education

5. Within six months following delivery, 25 percent more teenage mothers who received credit for the course will return to and attend school more than 50 percent of their scheduled time than was the case before the Teenage Parent Program was improved (1975-76 school year) as evidenced by attendance records.

Infant Health Care

6. Within six months following delivery, the 100 percent utilization of services (1975-76 school year) of the Well

Baby Clinic or a private physician by teenage mothers who received credit for the course will be maintained as evidenced by records of public health nurses.

CHAPTER IV

STRATEGY

A multifaceted strategy evolved from discussing, planning, reviewing the literature, and observing the problem. The authors believe the selected strategy represents good common sense given the particulars of the situation.

Attendance

In order to implement the first two objectives, the strategy included intervention of the home-school counselors. To dramatically increase student attendance in the program (and this refers to encouraging the students to attend the initial class session as well as to attend other sessions), utilization of the supportive services of the home-school counselors was considered vital because their:

- responsibility in working with student absentees enables them to identify the student who refuses to attend school due to her pregnancy
- intervention provides the linkage between the school, home, and Coordinator of the Teenage Parent Program, and
- continued follow-up of students encourages further participation in the program and in school

Previously, such encouragement was provided by the Coordinator of the Teenage Parent Program, the secretary to the Coordinator, and/or the designated guidance counselor at the student's home school. Since more encouragement was needed, and this fact should not be underestimated, a social casework approach was initiated.

Instruction

Curriculum relevancy is a common cry of today's student. Although there is no question the curriculum was relevant to the students' needs, the sequence of presentation was haphazard and without justification. Therefore, it was decided that scheduling the sequence of class sessions to coincide with the natural events occurring in pregnancy would better meet the needs of the students. This strategy would be related to successfully meeting the third and fourth objectives.

The most important strategy developed to meet the third and fourth objectives involved providing inservice education to interagency leaders (hereafter referred to as instructors) so that they could adapt their teaching methods to meet the needs of the student population. As Hewett stated in a discussion of teaching approaches for exceptional learners, ". . . the teacher concentrates on two strategies: (1) verbal bombardment, which consists of including a great deal of teacher-directed verbal experience into each class period; and (2) direct instruction, which involves carefully planned lessons with demonstrations,

drills, exercises, and problems."[1] In relation to how tasks can be presented to facilitate the mastery of learning for exceptional learners, Hewett also stated that they ". . . profit most when the instructional presentation is concrete, the materials can be manipulated, and the tasks involved require little abstraction."[2]

Although the instructors (except for one) were not experienced teachers, they were assumed to be experts in their respective fields. Furthermore, they appeared to believe they were doing an adequate job of imparting information. During the initial interagency leader planning session in August 1976, it was evident that each agency representative had a vested interest in his or her turf. The authors believed that major attempts to change any of their roles would probably be met with resistance. However, the interagency instructors expressed interest in improving the program after hearing the commitment to increase attendance, improve the curriculum and student comprehension of course content, increase the percentage of students returning to school, and maintain attendance at the Well Baby Clinic or a private physician. Additional feedback later revealed that when the instructors saw and interacted with the coauthors, as well as shared these goals, they became rededicated to helping the students in the program. Thus, providing them with traditional inservice

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[1]Frank M. Hewett, Education of Exceptional Learners (Boston: Allyn and Bacon, Inc., 1974), p. 356.

[2]Ibid.

education was thought to be an unrealistic solution. Continued observation data of the first semester's instruction were needed. This activity served as an ongoing needs assessment for the interagency instructors' training. In addition, the students' scores on reviews were the bases for consultation with the instructors.

Continuity of Education

The strategy for meeting the fifth objective was basically the same as for the first and second objectives. While counseling the students to attend the course for credit, the home-school counselors were reinforcing the need for continued school attendance. An additional strategy, established to meet the fifth objective, served to restructure the counseling component (provided by a social worker from Northern Virginia Family Services) to reinforce the need for a high school education on a more personal level. A third strategy involved the sharing of ideas, between the home-school counselors and homebound teachers with the interagency instructors, regarding the pregnant teenage population as a whole, or students familiar to these personnel.

Infant Health Care

The strategy developed to meet the sixth objective was to maintain the communication between students, school personnel, and the public health nurses who then followed up all students attending the program. In addition, every instructor was encouraged during meetings to reinforce the importance of

taking the infants to the health department or a private physician for well infant care as well as for sick infant care.

CHAPTER V

PROCEDURE

Attendance

To achieve the first objective of increasing attendance, three specific procedures were followed. First, the Director of Pupil Services provided supervision and direction for the home-school counselors. They met bimonthly for group consultation with the Director.

The second aspect of this supervision was individual consultation regarding highly confidential problems of some of the school-age parents. The efforts of the home-school counselors could not be placed in isolation from the efforts of others concerned with these students. Throughout the school year these six members of the Pupil Services staff: (1) worked closely with guidance counselors to begin individual casework with each student, her parent(s), or members of her family as soon as pregnancy was revealed (frequently through the student's absence from school); (2) coordinated casework efforts with homebound instructors of some students; (3) maintained thorough communication with the Coordinator of the Teenage Parent Program and the Coordinator of Homebound Instruction in the course of the latters' work with the students; (4) facilitated communication with public health nurses relevant to medical concerns about the students throughout their

pregnancy and following delivery; and (5) provided genuine human reinforcement to all pregnant students.

Second, the Director of Pupil Services consulted frequently with the Teenage Parent Program Coordinator to determine the best methods for intervention to increase attendance. This included sending a memo to all guidance and home-school counselors informing them of student attendance following each class session. Information as to who had delivered was also included in this memo sent by the Coordinator of the Teenage Parent Program every week of the school year.

Third, the public health nurses and the probation officers frequently attended class sessions, and the former taught some sessions. The nurses and probation officers established a solid working relationship with many of the students as clients and reinforced regular attendance at the Teenage Parent Program.

To attain the second objective of increasing long-term attendance, the same procedures were followed as were followed to achieve the first objective.

Instruction

To accomplish the third and fourth objectives of increasing the comprehension rate of content material of the second semester group of students and individual students, one of the procedures followed involved the Learning Disabilities Specialist and the Teenage Parent Program Coordinator in the revision of the sequence of the second semester's schedule (appendix H). More sessions were added, and the interagency instructors were scheduled according to the relevancy of their topics to the

natural progression of pregnancy and childbirth for most of the known students. The first draft of the schedule was presented to the interagency instructors at the workshop on 29 November 1976. The writers believed this activity would increase the rate of comprehension by the second semester students because the topics would follow a natural sequence. Each leader would then have a module of classes, know the sequence, and be able to follow-up and review the material presented at previous sessions.

The second activity implemented to increase student comprehension was to change the teaching methods of the interagency instructors. The Learning Disabilities Specialist and the Supervisor of Special Education aimed to assist the instructors in modifying their teaching techniques to reflect the:

- use of less lecturing
- questioning of students to find out if they are absorbing information and utilization of feedback to teach specific facts if necessary
- interaction with all students so that they are less likely to fall asleep
- seating of students around them rather than away from them
- use of words in discussions on a third to fourth grade comprehension level (important words and terminology that are basic to instruction should be defined prior to discussion)

- emphasis on specific bits of information they want students to know and retain
- incorporation of small group interaction sessions
- use of visual cues such as writing information on the blackboard or charts
- utilization of skills of students, i.e., individual girls may write some specific words or ideas
- stimulation of interest in the girls to bring printed materials to class to demonstrate and
- provision of the opportunity to lead discussions

Prior to the formal workshops, from August through November, the authors attended interagency instructors' meetings which were held monthly, each lasting one to two hours.[1] At these meetings informal discussions were held concerning the students, the classes, and the overall progress of the program. Various participants made suggestions for improvements in instruction and the classroom environment. Also, as each author observed classes, he or she interacted with the instructors previous to and following each teaching session (i.e., individual consultation). The interagency instructors were open to suggestions, eager to improve instruction, and desirous of continuous feedback.

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[1]Three more meetings were held later in the school year for all interagency personnel involved in the program. Representatives of the Alexandria Community "Y," the juvenile court, social services, public health, protective services, the Young Women's Christian Association, Virginia Polytechnic Institute State University Extension, Alexandria Mental Health Association, Northern Virginia Family Services, school guidance counselors, and home-school counselors were invited. The interagency leaders directly involved with instruction were invited and encouraged to attend the August through November meetings specifically aimed at finding methods for improving the curriculum and student comprehension.

The formal inservice programs for interagency instructors were held on 29 November 1976, 2 December 1976, 16 December 1976, and 6 January 1977 from 9:30 A.M. until noon. The Learning Disabilities Specialist and the Supervisor of Special Education conducted these sessions. The Director of Pupil Services attended in a supportive capacity. The Learning Disabilities Specialist and the Supervisor of Special Education attempted to convey the relevancy of the aforementioned eleven teaching techniques to the sample of students attending the classes.

At the first session, the task was to review the tentative schedule which had been revised earlier by the Learning Disabilities Specialist and the Coordinator of the Teenage Parent Program. The following points were made: (1) instructor requests for more instructional time to cover the particular topics; (2) emphasis on continuity of subject matter so that topics would be presented as units of instruction; and (3) emphasis on following the normal sequence of pregnancy and concerns at each stage to meet the needs of most of the students. Further revisions resulted in the opportunity for instructors to interact with one another and to state their needs for coordination with each other. The Learning Disabilities Specialist's role was to support these needs and to facilitate the discussion.

Interagency instructors attending the first meeting were the representatives from Northern Virginia Family Services, Red Cross (2), Public Health, and the Virginia Polytechnic Institute State University Extension. Also attending were the Coordinator of the Teenage Parent Program and the Director of the Alexandria Mental Health Association, who has been the chairperson of the interagency leader's meetings since the beginning of the program. Notes and the schedule were distributed to the interagency instructors who were absent. Interagency instructors who were present, the Coordinator of the Teenage Parent Program, and the Director of Pupil Services later reviewed these notes and the schedule with the instructors who missed the meeting. One public health nurse followed up the telephone contact with the Program Coordinator by working closely with the public health nurse who attended the session. They continued this mode of interaction throughout the school year.

The Director of Pupil Services reviewed the notes individually with one instructor, a school psychologist, who was unable to attend the meeting. He worked with her individually on other occasions when she was unable to attend meetings.

At the second inservice session, the following items and suggestions were introduced in a low-key presentation for discussion:

- a handout that showed the reading level of the students and their general ability levels (appendix I)

- a third grade health textbook which illustrated the level of vocabulary, concrete experiences, and discussions needed to teach these students at their levels of comprehension
- name cards to be placed in front of each student to increase eye contact and the ability to relate to the students on a more personal level
- a change in the seating relationship to facilitate interaction and involvement by students
- a five-minute stretch break in the middle of the instruction period to help the students stay alert and
- the display of charts, pictures, posters, etc., to personalize the classroom

The workshop leaders discussed each item extensively. Then the Supervisor of Special Education achieved closure, for items three, four, five, and six above, coming to an agreement on techniques to be utilized in future class sessions. The above procedure could be considered an inquiry and demonstration approach using reflective listening.

Interagency instructors attending the session were representatives from Northern Virginia Family Services, Red Cross, and Public Health. Also attending were the Coordinator of the Teenage Parent Program and the chairperson of the interagency leaders' meetings. Notes and the handout (appendix I) were distributed to the interagency instructors who were absent. Interagency instructors who were present, the Coordinator of the Teenage Parent Program, and the Director of Pupil Services

discussed these notes and the handout with the instructors who missed the meeting. In the follow-up phone conversation between the instructor from the Virginia Polytechnic Institute State University Extension and the Director of Pupil Services, the instructor explained that she had recently assumed additional duties preventing her from attending some of the interagency meetings. However, she had read the handouts and did review them by phone with the Director of Pupil Services. This instructor, a former home economics teacher, was enlightened by the notes and verbalized her awareness of the lack of pupil involvement in the class. She expressed interest in methods she intended to employ to improve instruction and student interaction.

At the third meeting, the items from the second session were quickly reviewed. The group, led by the Supervisor of Special Education, then discussed the possibility of utilizing small group and manipulative activities in instruction. Utilization of experience charts and/or the blackboard for writing vocabulary words was then discussed and agreed upon by the interagency instructors. The Learning Disabilities Specialist and Supervisor of Special Education provided the instructors an opportunity to express their needs for the next and last formal inservice session.

The instructors requested that the authors provide the forms (appendix J) containing the objectives and information they wanted to teach the students. It became apparent that even though the interagency instructors were writing objectives for each workshop, particularly to fulfill the need for specifying bits of information to

be taught, they had not been utilizing these objectives to focus upon their teaching techniques. These would now be used to facilitate discussion of how small group instruction plus concrete and manipulative activities might be implemented. Secondly, all the instructors would be more aware of what each was hoping to achieve. The second semester schedule would also be duplicated for final revision.

Interagency instructors attending the third session were representatives from Northern Virginia Family Services, Red Cross, Public Health, and Pupil Services. Also attending were the Coordinator of the Teenage Parent Program and the chairperson of the interagency leaders' meetings. Interagency instructors who were present, and the Coordinator of the Teenage Parent Program, reviewed the notes from the discussion with the interagency instructors who were absent, either in person or via telephone.

At the fourth workshop the second semester schedule was revised for the last time, extending the sessions considered to be more important by the instructors, deleting several of the sessions determined to be unimportant, and integrating sessions that might overlap.

Responding to one interagency instructor's request, the writers also reviewed the global objectives of the Teenage Parent Program and the authors' project. When these objectives were reclarified, a new request was made to have the objectives of the Teenage Parent Program presented again at the next meeting on 19 January 1977 of all the participants in the Teenage Parent

Program (home-school counselors, guidance counselors, interagency leaders, the chairperson of the leaders' meetings, and the Coordinator of the Teenage Parent Program). Finally, the interagency instructors expressed an interest and desire to improve their instruction related to the objectives of the program and to their objectives for each session. Their decision was to examine student reviews following each session during the second semester to reinforce correct responses, and to correct the students' misconceptions. The cumulative scores of the students (percentage of correct answers for each question) from the first semester would also be reviewed at the 19 January meeting.

The writers originally believed the students might be threatened by the reviews. However, it was the interagency instructors who initially appeared to have been uneasy about how the reviews would be utilized. In the end, they concluded that the reviews made the classes more school-like, and that it was their task to impart information to the students, something they intended to do in the first place.

Some of the interagency instructors, especially the Red Cross representatives, had originally expressed the view that the reviews were unnecessary and interfered with the relationship they were trying to establish with the students. The authors' initial reaction to this view was to have the instructors tell the students that the reviews weren't tests, but tools to help them teach better. The instructors agreed to this approach.

Following training and examination of the reviews, all the instructors became aware of the value of the reviews. They expressed interest in questions students missed and routinely reviewed, or retaught in another manner, concepts not understood by one or more students. They also had now verbalized that they were indeed aware that the Teenage Parent Program was school and was more effective when conducted in a school-like manner than an informal get-together.

The utilization of small group instructional techniques was again addressed by the Learning Disabilities Specialist. An interagency instructor who had previously strongly objected to this technique shared with the group a journal article describing the use of concrete instructional techniques and small group discussion activities for instructing pregnant teenagers.[1] The group then discussed the idea that concrete activities were most desirable; as the students became more willing to talk, small group discussions could be utilized. The Learning Disabilities Specialist agreed to provide a copy of the article, with pertinent sections underlined, for the interagency instructors at the 19 January meeting.

Interagency instructors attending the session were the representatives from Red Cross, Public Health, and Virginia Polytechnic Institute State University Extension. Also attending were the Coordinator of the Teenage Parent Program and the

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[1]Ruth R. Middleman, "A Service Pattern for Helping Unmarried Pregnant Teenagers," Children 17 (May-June 1970): 108-12.

chairperson of the interagency leaders' meetings. Interagency leaders who were present, the Coordinator of the Teenage Parent Program, and the Director of Pupil Services reviewed the accomplishments of the meeting with the interagency instructors who were absent by telephone and direct consultation.

As a bonus to the planned intervention, the Director of Pupil Services suggested that the Coordinator of the Teenage program invite Mr. W. Stanley Kruger, Director of Special Program Staff, Bureau of Elementary and Secondary Education, United States Office of Education and Dr. Ernest Crider, Program Associate, Special Program Staff, Bureau of Elementary and Secondary Education, United States Office of Education, to provide consultation for the program. Mr. Kruger attended the first workshop (29 November), Dr. Crider, the second (2 December), and Mr. Kruger and Dr. Crider, the third (16 December). They observed the inservice session, interviewed the interagency instructors, and withheld their comments until the third session at which time they reinforced the recommendations emanating from the workshops, reviewed programs for teenage parents across the country, provided handouts of outlined program plans and schedules, made suggestions for improvement of the Alexandria program, and provided the interagency instructors with examples of curriculum materials.

The major inservice effort had been completed. The authors continued to attend the interagency leaders' meetings, as they were scheduled, until June 1977.

The above resulted in ten hours of formal training.

To meet the process objective, all the procedures utilized to meet the third and fourth objectives were followed.

To measure the amount of lecturing, as previously mentioned, the "Flanders Interactional Analysis Tally Sheet" was utilized. The writers observed each class session on a rotating basis. They altered the Flanders Technique by recording tallies of all types of interactions every three minutes for the second and fourth fifteen-minute periods of each class. During the first, third, and fifth fifteen minutes of each class, the authors recorded anecdotal notes. The second and fourth fifteen-minute periods were selected for tallying because the first fifteen minutes included taking care of opening activities by the Coordinator of the Teenage Parent Program (i.e., taking attendance, distributing bus tickets, introducing new students, inquiring about absentees, and reporting on students who delivered). Also, the instructors usually began their lessons midway during the first fifteen minutes. Finally, the last fifteen minutes of the classes were spent administering the reviews and providing continuity for the next class session.

Continuity of Education

To accomplish the fifth objective of having 25 percent more teenage mothers, who received credit for the course, return to school and attend more than 50 percent of their scheduled time six months after delivery, several procedures were followed.

First, the home-school counselors continued their regular contacts and follow-up of the students with whom they had worked.

Second, the counselors at school kept special account of attendance records of these students. Then they could counsel with the students and their teachers, and contact the home-school counselor if necessary. Third, the Coordinator of the Teenage Parent Program, in his other role as a vocational evaluator, frequently had contact with some of the students attending the Secondary Students Occupational Center. He was able to help place them in the correct career program and to follow up their progress. His combined contacts with them aided in providing continuity in their school program; he was another special person interested in their progress.

The services of the public health nurses were found to be invaluable. Many of the students in the program were in families that were the nurses' regular clients. These nurses were familiar with the community, the family histories, and the present status of the families. Now that the communication link between them and the school had been established, the nurses were able to encourage the students to continue their education. The nurses contacted school personnel when they believed additional educational intervention was needed. The nurses were also part of the instructional staff for the Teenage Parent Program. They were continually urging the pregnant teenagers to attend school and informing their families of the importance of continuing education.

The final procedure utilized to reach the fifth objective was to schedule an instructional session devoted to continuing education. At this impromptu class session (scheduled to replace

infant and child care), one home-school counselor and one guidance counselor presented alternatives available to the students for continuing their education.

Infant Health Care

To meet the sixth objective of maintaining 100 percent utilization of services of the Well Baby Clinic or a private physician, two procedures were utilized. The first, and most obvious, procedure was to include teaching the need for keeping the baby healthy. Each instructor, including the counselor, reinforced the idea of regularly attending the Well Baby Clinic where the pregnant mothers would receive further instruction on child care; while in the Alexandria Health Department the mothers could also utilize the W.I.C. program.[1] Secondly, the public health nurses presented some instructional sessions, attended many sessions as observers where they informally interacted with students (many of whom were their regular clients), and continued regular follow-up visits with these students.

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[1]The W.I.C. (Women Infants Children) Program provides certain nutritional foods for pregnant women, mothers, and infants up to five years.

CHAPTER VI

EVALUATION OF OBJECTIVES

Attendance

To measure attainment of the first objective, parts a. and b., the Director of Pupil Services, in conjunction with the Coordinator of the Teenage Parent Program, kept a record of student attendance. It was found that during the first semester 77 percent of all known pregnant teenage students attended one or more class sessions, therefore achieving part a. of the first objective. During the second semester 75 percent of all known pregnant teenage students attended one or more class sessions, therefore meeting part b. of the first objective.

To determine whether the second objective, parts a. and b., had been met, the Director of Pupil Services and the Coordinator of the Teenage Parent Program tabulated the cumulative attendance of the students. For the first semester it was found that 48.4 percent of the known pregnant teenagers received credit for completion of the Teenage Parent Program. This is 29.4 percent more than last year, therefore fulfilling part a. of the second objective.

Following similar tabulation, it was found that 40 percent of all known pregnant teenagers received credit for completion of the Teenage Parent Program the second semester. This is 21 percent

than last year, demonstrating that part b. of the second objective was met.

Part b. of the second objective was achieved despite turnover of two home-school counselors on the staff; subsequent adjustments by the students (i.e., having a different caseworker helping them maintain their attendance in the program) were apparently made.

The data for the second semester excludes those students who received credit for the first semester. The authors had not anticipated that students attending the first semester course would continue the second semester to participate in classes they had missed (and in some cases again attending classes which they had participated in the first semester). The authors believe the students' return to the course was probably due to improvements and changes in teaching techniques. Essentially, nine students who attended the first semester also attended classes the second semester; five of these attended enough sessions to receive credit for the second semester, however these students are not included in the data pertaining to the second objective, part b. The authors presume their attendance was facilitated by including their infants in the actual instruction during the latter classes of the second semester.

Instruction

To measure each student's comprehension of course content material reviews were administered following almost each

class session[1] and again upon completion of the course. Students only answered questions on reviews for classes they attended on the cumulative review (appendixes K and L).

The reviews were constructed by the Director of Pupil Services and Learning Disabilities Specialist from objectives the instructors wrote for each class. Each review reflected three points of information the authors determined were important based upon these objectives. Learning characteristics of the students were taken into consideration when writing the reviews. The goals were to have as many students as possible be able to read the reviews (those who couldn't read them had them read by an instructor) and to aide the instructors in teaching to their objectives.

Table 2 shows the tabulation of data on the comprehension rate of content material for the first semester students compared to the second semester students. It can be seen, therefore, that the third objective of increasing the rate of comprehension by 20 percent for the second semester students was achieved for both the individual tests administered following each session (20 percent when the figure is rounded off) and the cumulative tests administered following the course (21.4 percent).

The second semester students answered approximately 6 percent more questions correctly (from 90.6 percent to 96.6 percent) on the cumulative review than they had on the reviews administered following each class session. This can be partially attributed to continuous review of material previously presented

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[1]Exceptions were made for introductory class sessions, the hospital tour, the class social, and the parenting skills program.

TABLE 2

COMPARISON OF THE RATE OF COMPREHENSION ON INDIVIDUAL TESTS AND CUMULATIVE TESTS BETWEEN FIRST SEMESTER AND SECOND SEMESTER STUDENTS

	Percentage of Questions Correct on Individual Tests Administered Following Class Sessions	Percentage of Questions Correct on Cumulative Tests Administered Following Class Sessions
First Semester Students	70.7	75.2
Second Semester Students	90.6	96.6
Gain	19.9	21.4

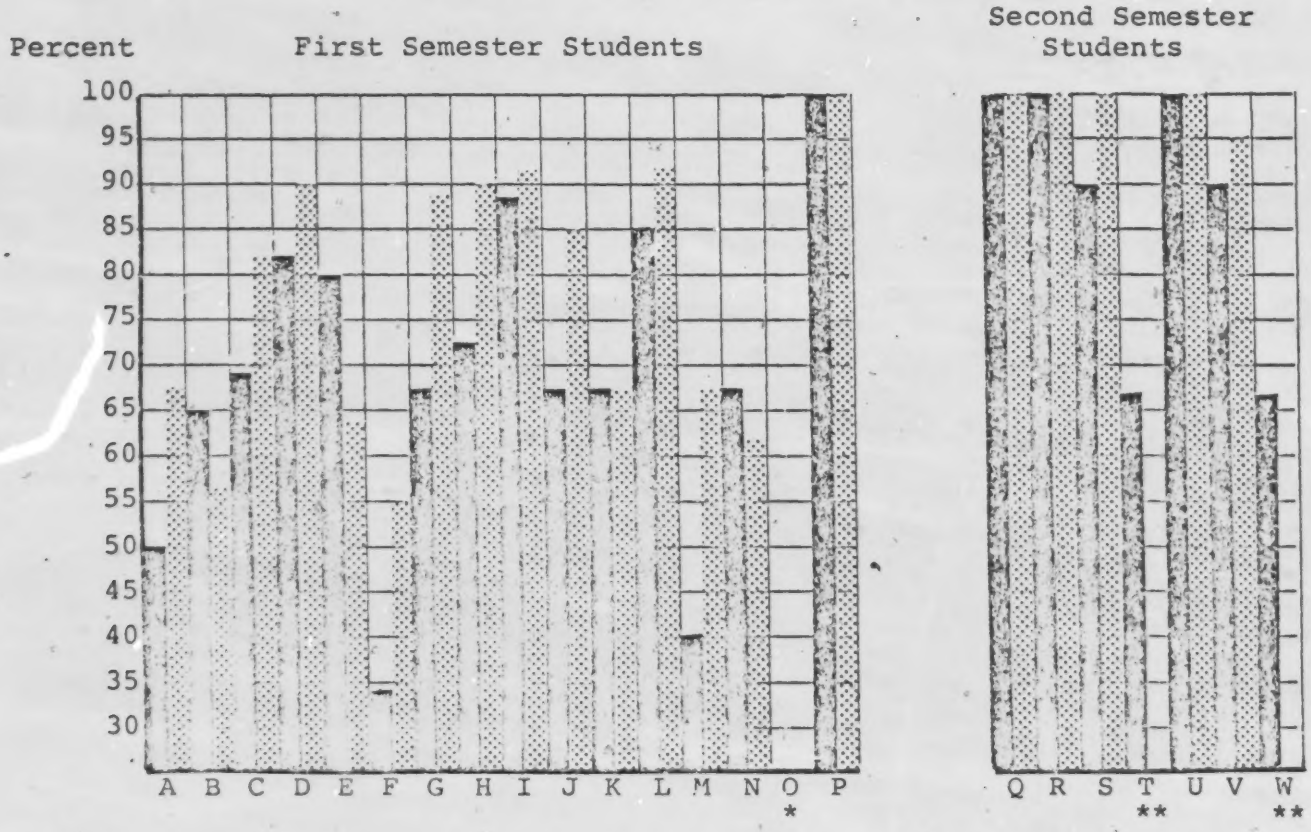
by the instructors. As mentioned before, the instructors reinforced all items that were understood by the students. Similarly, they reviewed information that the students did not comprehend until they believed the students understood what was taught.

The fourth objective of increasing the comprehension rate by at least 30 percent on a cumulative instrument for each student receiving credit for the course was not achieved. Table 3 shows the rate of comprehension growth for each student receiving credit for the course.

The objective was achieved for none of the students. Even though the objective was not achieved for each student, the authors believe the general rate of comprehension was satisfactory. One reason the growth may not have occurred for each student is that on the first five reviews, which were not identified by

TABLE 3

RATE OF COMPREHENSION FOR EACH STUDENT RECEIVING CREDIT FOR THE COURSE ON INDIVIDUAL TESTS ADMINISTERED FOLLOWING EACH SESSION AND ON THE CUMULATIVE TEST ADMINISTERED FOLLOWING THE COURSE



NOTE: The ▭ columns show the percent correct on the tests administered following each class session; the ▨ columns show the percent correct on the cumulative tests following the semester. Each letter represents one student.

*Student attended at least five sessions when reviews were not administered and/or recorded by student name (first five reviews).

**Student moved.

student name, the students performed much lower than they did on subsequent tests: this data comprised the authors' needs assessment estimate of initial comprehension rates. It could also be inferred that the total rate of comprehension on individual tests administered following each session improved quickly in time because the instructional methods improved rapidly.

The students' rate of comprehension averaged 74.8 percent on the tests administered following each session[1] and 82 percent on the cumulative test administered at the end of the course. This shows an average increase of 7.2 percent between the tests administered following each session and the cumulative tests.

The authors believe that the data represent successful rates of comprehension even though the fourth objective was not met.

Table 4 shows the rate of comprehension growth for each student repeating the course and receiving credit for the second time. The students taking the course for the second time averaged a comprehension rate of 92.6 percent on the tests administered following each session and 93.3 percent on the cumulative test following the second semester. This shows an average rise of .7 percent between the tests administered following each session and the cumulative tests.

These same students averaged 71.3 percent on the tests administered following each session and 79.6 percent on the

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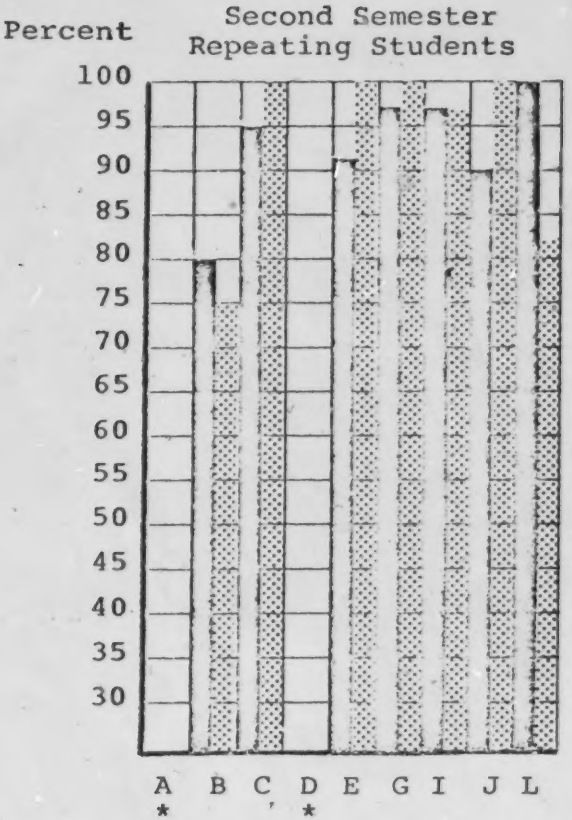
[1]Only students who took the cumulative tests were included in this percentage.

TABLE 4

RATE OF COMPREHENSION FOR EACH STUDENT RECEIVING CREDIT FOR THE COURSE THE SECOND TIME ON INDIVIDUAL TESTS ADMINISTERED FOLLOWING EACH SESSION AND ON THE CUMULATIVE TEST ADMINISTERED FOLLOWING THE COURSE



NOTE: The ▭ columns show the percent correct on the tests administered following each class session; the ▒ columns show the percent correct on the cumulative test following the semester. Each letter represents one student; the same letters were assigned the students both semesters.

*Students A and D attended five sessions where reviews were not administered. A spin-off program to teach parenting skills was attempted by two interagency instructors. It was discontinued because of difficulties providing transportation, but these students attended some sessions and received credit for their participation.

cumulative test following the first semester. Therefore, it appears the repetition of material the second semester helped the students retain more of the information on a long-term basis. When these students' scores are compared to the scores of other students, it also appears they ultimately comprehended more information.

Success of the process objective was assessed by evaluating the data obtained from utilization of the "Flanders Interactional Analysis Tally Sheet." During the first semester, the instructors lectured 36.94 percent of the time according to the tally totals (appendix M). During the second semester, they lectured 14.96 percent of the time (appendix N). This represents a 21.98 percent decrease in the rate of lecturing according to the tallies. Although the goal to reduce lecturing by 45 percent was not met, the coauthors believe the decrease represents accomplishment of the purpose. It can be seen that there was a large decrease in lecturing tallies following the first three class sessions (appendix M). The authors would like to believe this was due to the various intervention strategies as they began to take effect.

In the initial needs assessment, the authors averaged the percentage of lecturing for the first three sessions. This percentage was high (91.58 percent), and the writers believed lecture rate below 50 percent would be a reasonable goal. The percentage of lecturing declined very quickly following the first three sessions. This rapid decline may be attributed to a

combination of factors including: (1) the consistent presence of observers in every class; (2) consultation with the authors previous to and following each session; and (3) the leaders' self-evaluation of instruction following each class.

Continuity of Education

Achievement of the fifth objective regarding attendance at school six months following delivery was tabulated for fourteen students (one student moved). Attendance at school for the rest of the students receiving credit for the course six months following delivery will be included in the follow-up report. Of the teenage mothers who delivered and received credit for the course, 65 percent were attending school more than 50 percent of their scheduled time. This is a 40 percent increase over last year. This demonstrates that the objective of having 25 percent more mothers return to school and attend more than 50 percent of their scheduled time was met.

For comparative purposes, attendance at school six months following delivery was tabulated for students who did not receive credit for the course the first semester. Of these students, 35.7 percent returned to school and attended more than 50 percent of their scheduled time following delivery. Therefore, it appears that students who received credit for the course were more likely to attend school more than 50 percent of their scheduled time six months or more following delivery than their peers who did not receive credit for the course.

The attendance data on the students who had not delivered by the end of the second semester will be included in the follow-up

report. There appears to have been an unanticipated variable which, in part, may be responsible for the increase in the number of students returning to school following delivery. A change in School Board policy in late November 1976, made attendance in school mandatory for all pregnant students and teenage mothers, thereby delegating homebound instruction (with medical verification) to be an alternative less frequently utilized.[1] This change in policy, together with the supportive strategy, set different expectations for these students than ever before. On the other hand, this same change in policy may also be related to lesser visibility among this population, because the students were no longer compelled to confide in the school staff about their pregnant condition as early as they once did in order to be placed on homebound instruction. The decrease in the known number of pregnant students by one-third during the second semester could be related to the aforementioned.

Infant Health Care

Attainment of the sixth objective of maintaining 100 percent utilization of services at the Well Baby Clinic or a private physician was tabulated for the same fourteen students. The records provided by the public health nurse liaison showed that the 100 percent utilization of these services was maintained, therefore achieving the objective.

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[1]Alexandria City School Board Regular Meeting, Summary of Minutes, meeting of 22 November 1976. (Typewritten.)

For comparison, utilization of the Well Baby Clinic or a private physician was tabulated for those students who did not receive credit for the course by public health nurses. Of these students, 71.4 percent utilized the Well Baby Clinic or a private physician regularly. The frequency of utilization for these students is much less than for the students who received credit for the course.

Of the fourteen infants taken by their mothers to the Well Baby Clinic, or a private physician, four have been diagnosed as having had such health problems as extra heart rhythms, large hernia, jaundice, or bronchial pneumonia. Diarrhea, vomiting, feeding problems or skin rashes were frequent for ten of the fourteen infants; usually one or more of these problems were evident for most of these babies. Four of the infants are reported to have been relatively healthy since birth. The average birth weight for this group of fourteen was 6 pounds, 5 ounces; the birth weights ranged from 3 pounds, 2 ounces to 8 pounds, 3 ounces. Only four infants weighed under 6 pounds at birth; two of the four were premature infants; one weighed 3 pounds, 2 ounces; and the other weighed 5 pounds, 10 ounces

Additional information on the health of this group of mothers indicated only two had physical complications during pregnancy requiring bed rest; one student had frequent spotting during the latter stage of pregnancy, and the other had toxemia. The infants of the above mothers have been healthy since birth.

Only one mother had medical problems post-delivery; she had fainting spells.

For the students who did not deliver by the end of the second semester, the tabulation on their utilization of the Well Baby Clinic or a private physician will be summarized in the follow-up report.

CHAPTER VII

EVALUATION OF PRACTICUM

Instructors' Weekly Evaluation

Each week the instructors, including the Counselor, completed the "Teenage Parent Workshop Evaluation Summary" (appendix O). This feedback added to the individual verbal consultation and served as a formative evaluation tool to improve the program. When reviewed, it also functioned as an evaluation of the practicum effort.

It appears improvement in the program can be recognized when first and second semester responses are compared. Table 5 shows the instructors' rating of student participation.

TABLE 5

INSTRUCTORS' COMPARATIVE RATINGS OF STUDENT PARTICIPATION

		Percentage of Instructors' Rating
First Semester	Good	42.1
	Average	26.3
	Poor	31.6
Second Semester	Good	74.1
	Average	25.9
	Poor	----

Changes in the second semester course resulting from weekly suggestions included extending sessions on labor and delivery, better preparation of students for the hospital tour, reviewing material to be covered each session with the students, and reviewing alternatives for continuing education.

Additional activities reported by the instructors the second semester included: (1) reviewing topics; (2) making puppets; (3) doing body exercises; (4) utilizing modeling clay to demonstrate changes in the uterus during labor; (5) playing games to teach vocabulary, i.e., relating slang words to appropriate terms for body parts and functions; (6) assigning and reviewing homework; and (7) filling out a questionnaire related to course topics for review. These activities are considered more concrete and meaningful to the students than lecturing, and appear to have occurred as a direct result of the training.

When reviewing what the leaders felt was good about their sessions the second semester, compared to the first semester, items mentioned much more frequently were: (1) good participation and better interaction by the students; (2) better planning; and (3) better student comprehension. It appears the instructors were generally more pleased with the second semester's instruction.

When comparing instructors' stated needs to strengthen classes the first and second semesters, there seems to be a difference. The first semester's stated needs centered around

the physical aspects[1] of the program which were improved as much as possible the second semester. The second semester needs to strengthen classes centered around methods, materials, and preparation of students for learning course content.

During the second semester, the instructors appeared to be analyzing their teaching methods for improvement by discussing their concerns with each other and the authors.

Instructors' Semester Evaluation

During the practicum the "Leaders Evaluation of School-Age Parents' Workshops" form (appendix P) was distributed three times. Initially it served as a needs assessment, and at mid-year as a formative evaluation. The authors decided to administer it a third time to serve as a summative evaluation. Table 6 presents the results.

It was encouraging that instructors perceived improvements in all areas. By completion of the practicum, the category of "poor" was only checked by one instructor who qualified her response with the statement, "at my session."

When the instructors were asked what program improvements they would like to see, their responses in September focused on: (1) continued program development, (2) more participation from school counselors; (3) more continuity in instruction and commitment by the community agencies; (4) better recruitment through

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[1]Physical aspects included transportation, student recruitment, room arrangements, etc.

TABLE 6

COMPARATIVE RESPONSES OF LEADERS ON THE EVALUATION OF SCHOOL-AGE PARENTS' WORKSHOPS FORM[1]

1. I felt the planning for the workshops was:

September 1976	40%	Good	10%	Adequate	50%	Poor
January 1977	37.5%	Good	62.5%	Adequate	--	Poor
June 1977	100%	Good	--	Adequate	--	Poor

2. I felt the choice of topics covered was:

September 1976	70%	Good	30%	Adequate	--	Poor
January 1977	62.5%	Good	37.5%	Adequate	--	Poor
June 1977	100%	Good	--	Adequate	--	Poor

3. I felt the comprehension of the concepts by students was:

September 1976	30%	Good	20%	Adequate	50%	Poor
January 1977	12.5%	Good	87.5%	Adequate	--	Poor
June 1977	50%	Good	50%	Adequate	--	Poor

4. I felt the students' interest in the program was:

September 1976	10%	Good	20%	Adequate	70%	Poor
January 1977	37.5%	Good	50%	Adequate	12.5%	Poor
June 1977	80%	Good	20%	Adequate	--	Poor

5. I felt attendance by the students was:

September 1976	--	Good	--	Adequate	100%	Poor
January 1977	50%	Good	37.5%	Adequate	12.5%	Poor
June 1977	60%	Good	30%	Adequate	10%	Poor

[1]Ten instructors filled out the survey in September, eight in January, and ten in June. One instructor only answered the first two responses, thereby affecting the percentages.

publicizing the program; and (5) more instruction in prenatal care, postnatal care, and services provided by community agencies.

The authors were pleased that they had assessed almost all the same needs, and the directions for program improvement then had the consensus of the leaders.

In January, the instructors' suggestions to improve the program included: (1) having an improved curriculum including more concrete teaching, and better objectives planned with student input; (2) having the course offered as part of the regular school program, in an identified classroom belonging to the students, with a separate course for parenting skills to be taught following delivery; (3) providing notebooks for each student and folders for handouts; (4) more coordination between instructors; and (5) recruiting more students.

It appears that some of the changes in suggestions were a direct result of planning meetings and inservice workshops for instructors. They seemed to be more concerned about improving the quality of instruction rather than program development.

In June, instructors' responses included suggestions related to: (1) student choice of topics using more small group instruction with a standard set of instructional materials and audiovisual equipment; (2) establishing the course in the school system; (3) more emphasis on family planning; and (4) more outreach to families for in-depth recruitment of students.

It seemed the instructors were growing with the program. They appeared to realize that the course needed to be developed around student needs and a standard well-developed curriculum;

the best delivery agency would be the school system; and the students needed intensive recruitment.

Instructors' Evaluation of the Practicum

The interagency instructors were asked to provide a summative evaluation of the authors' involvement in the Teenage Parent Program via the "Evaluation of School-Age Parent Program 1976-77" form (appendix Q). Eight instructors responded. The results (appendix R) appear to present a favorable evaluation of the practicum effort as the interagency instructors interpreted it. The interagency instructors mentioned that the intervention efforts helped them establish specific objectives, teach to these objectives, and then evaluate their effectiveness as instructors. They also stated that the authors' efforts improved the organization of the program and student attendance.[1]

When asked how the intervention changed their instructional methodology, the instructors mentioned the following changes in teaching methods: (1) simplification of vocabulary; (2) repetition of information; (3) presentation of material in a meaningful sequence; (4) increased use of more appropriate materials; (5) utilization of small group instruction; and (6) planning instruction to maintain student interest.

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[1]Two instructors stated that the home-school counselors were totally responsible for the increased student attendance, not the authors. Other instructors stated that they believed the increased attendance was due to improved instruction which raised student interest levels.

The instructors commented most on how the practicum effort affected interagency delivery of services. They mentioned the following positive effects of the authors' intervention: (1) helped in developing cooperation between agencies; (2) made them feel more appreciated and motivated; and (3) improved the coordination of instruction and utilization of materials.

The instructors utilized many materials and provided the students with a variety of information which they could keep for future reference (appendix S).

One instructor appeared to resent the intrusion of the coauthors and resisted any change of her role as the students' friend. She attended almost all class sessions, resisted any mention of small group instructional techniques, interrupted other instructors while they were teaching, and frequently had verbal confrontations with other instructors and the authors during workshops. She also reacted negatively on the evaluation. However, the authors observed that she changed her teaching methods drastically by teaching small bits of information, checking comprehension, and utilizing concrete aides and small group activities.

Students' Evaluation

The students who still resided in Alexandria and received credit for the course were interviewed post delivery by the home-school counselors utilizing the "Student Feedback Form" (appendixes T and U) adapted from a form developed by Davis and McCallon.[1]

[1]Larry N. Davis and Earl McCallon, Workshop Packet. Planning, Conducting, and Evaluating Workshops (Austin, Texas: Learning Concepts, 1974), pp. 27-28.

The information gleaned from these interviews serves as further evaluation of the practicum.

The students generally stated that what they learned in the sessions helped them. They made suggestions for improvement including: (1) having the teachers explain the feelings occurring while having a baby; (2) answering questions thoroughly; (3) having more field trips; (4) explaining the subject matter in detail; (5) using more pictures; and (6) having the class more often.

Regarding materials, all students felt they could understand the media and materials utilized and that they were all helpful.

When asked about teachers, all the students felt the teachers helped them learn. Only one student said she couldn't understand one teacher.

The students generally responded favorably to the counseling component. Their suggestions regarding how the counselor could help them ranged from talking more about personal problems individually to helping the students understand themselves.

When asked about the classroom environment, almost 39 percent of the students felt the room was too hot. Realistically, it was most difficult to regulate the temperature to please all the students. None of the other environmental factors appeared to have an adverse effect on more than one or two students. Only two students had anything negative to state about the transportation arrangements.

Students generally felt the timing of instruction was adequate. Their suggestions for teachers to help future students included having labor and delivery earlier in the program, teaching more subjects, having more students, having students evaluate each class, explaining more about how babies are born, and having teachers explain things students didn't know.

Students were asked about classes that had activities they liked best. All the classes were mentioned by students at least once. When asked which class activities they liked best, students again mentioned each activity at least once. Most often mentioned were the "movies," which included slides. Three different classes were designated as having activities disliked by some students. These included nutrition, family planning, and labor and delivery. Specific activities mentioned as being disliked by a few students were: (1) the filmstrip on nutrition; (2) all the talking, and (3) teaching methods of birth control.

Regarding energy/attention, students were asked about breaks. About one-fourth of the students wanted more breaks, one-fourth fewer, and one-half the same amount. Over 60 percent of the students stated their energy and/or attention was lower at different times. Their reasons included being tired, sick, and/or bored.

The students then were asked about their future course work needs. Their responses centered around courses related to child rearing, homemaking, and job skills. They felt other

students could be helped by including job planning in the course, having more films about childbirth, having one teacher, making labor less fearful, and making the subject material easier.

When asked about labor, 94 percent of the students felt what they learned made them more at ease during labor. Almost all the students, 88 percent, stated they felt more at ease during delivery due to what they learned in the course. They mentioned that they were helped by being taught about: (1) how to breathe; (2) how the female body was made to have children; (3) what would happen; (4) who would help them at the hospital; (5) how much pain to expect; and (6) what a Caesarean section was like.

Many students, 81.3 percent, stated they ate better foods and fed their babies better because of the course. They stated that the course taught them: (1) to eat more protein; (2) which foods to eat and which ones to avoid; (3) which foods to feed the baby and which ones to avoid; (4) not to gain too much weight; and (5) to eat good foods so the baby would be healthier. Most students reported they were feeding their babies various prepared formulas. When asked what they learned in the course about feeding their babies, the students mentioned they learned: (1) what kinds of foods were appropriate; (2) how to hold the baby during feeding; (3) not to feed the baby sweets; (4) to sterilize bottles; and (5) when to feed the baby certain foods.

Concerning baby health and care, 94 percent of the students stated the course helped them take good care of their

babies. The things they said helped them the most were learning how to talk to and play with the baby; and how to care for and feed the baby. Of the students, 75 percent stated they were taking their babies to the Well Baby Clinic, and the rest said they saw a private physician; they all attended from one time a month to once every three months. Students going to the local health department for their own health care totaled 62.5 percent. The rest stated they went to a private physician. When asked who was helping them take care of their baby now, 31.3 percent of the students mentioned their mothers. The others named sisters, fathers, aunts, and/or friends.

A third of the students stated they had no future plans for day care. The rest mentioned they would take their babies to day care centers, babysitters, or have their mothers, grandmothers, or fathers take care of their children.

Finally, students were asked about their present and future plans. When queried, 88.9 percent stated that they planned to return to or stay in school. In reality, actually 65 percent returned to school following delivery. A majority of the students, 63.2 percent, planned to go to school and work. When asked if they only planned to go to work, 88.9 percent responded negatively. Concerning plans for immediate marriage, 94.4 percent of the students stated they had no plans for immediate marriage. Another large percentage of the students, 77.8 percent, did not want to only stay at home with their babies. When asked if the Teenage Parent Program helped them with any of their plans, 61.1 percent replied negatively. However, all

involved personnel were mentioned at least once by the students as having helped them with their plans. When asked which relative or friend helped them most with their plans, 31.6 percent of the students mentioned their mothers. Others mentioned at lower rates were sisters, friends, aunts, baby's fathers, brothers, and no one.

The questionnaire was quite extensive, and only provided data that the students wished to give. Much of it may be accurate; however, the students may have been overly optimistic about returning to school.

The authors conclude that these students appear to have learned a great deal and want to utilize the information learned. It seems the students felt the Teenage Parent Program was a worthwhile experience and only wanted to learn more about conceiving, carrying, delivering, and caring for an infant.

Summary

The authors experienced a considerable amount of learning during the practicum effort (appendix V). Among the concepts and procedures learned were how to: (1) make a fragmented program into a unified whole; (2) facilitate personnel to deliver effective, meaningful educational services; and (3) effect positive and productive changes in the behavior of volunteers.

It appears that even with all the circumstantial limitations, the authors were able to improve an existing program in a variety of ways.

CHAPTER VIII

INSTITUTIONALIZING THE RESULTS

Through continued cooperative efforts with involved community agencies, the school system's staff,[1] under the leadership of the Assistant Superintendent for Pupil Personnel, will assume maintenance of the improved instructional and casework phases of the program for teenage parents. Thus, the practicum participants view continuation of the operation of the spring 1977 program during the 1977-78 school year as the most pragmatic institutionalization effort.

In addition, the instructors will be able to utilize the cumulative review from the second semester 1976-77 as a pre-post, criterion measure for the 1977-78 program.

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[1]Staff refers to the Director of Pupil Services, Coordinator of the Teenage Parent Program, and Coordinator of Homebound Instruction--Principal of the Secondary Schools Occupational Center. These personnel work in conjunction with the Directors of Guidance, Health and Physical Education, Vocational Education, and Special Education. Therefore, the continued operation, once institutionalized, is assured of appropriate leadership.

CHAPTER IX

FURTHER APPLICATIONS

On Wednesday, 22 June 1977, at the meeting of the Alexandria City School Board, a member of the Board reported that the Instruction Committee had received a proposal from the staff for modification of the School-Age Parent Program (appendix W).[1] The Committee referred one phase of this program back to the staff for further discussion. Upon motion by a Board member, seconded by another, the Board accepted the report.

The Board specifically wanted to know the cost of institutionalizing the proposed course for instruction in the areas of child growth and development to prepare high school students for eventual parenthood and the second public school parent-infant education center.

Presently, it appears the School Board has accepted the global idea for possible implementation during the 1978-79 school year.[2]

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[1]Staff includes the Assistant Superintendent for Pupil Personnel, Director of Pupil Services, Coordinator of the Teenage Parent Program, and the school psychologist involved in the program.

[2]With the leadership of the new Superintendent and a reconstituted school board, it is very difficult to ascertain the exact status of further institutionalization.

CHAPTER X

FOLLOW-UP

Upon completion of the fall semester 1977, the following data will be documented in a follow-up report to show whether the effects of the project on attendance were maintained.

Objectives

1. The number of teenage mothers who received credit for the spring 1977 course who returned to school attending on a regular basis (more than 50 percent of their scheduled time) within six months following delivery will be tallied and reported.

2. The number of parents and infants (spring 1977 semester) utilizing the Well Baby Clinic or a private physician six months following delivery will be tallied and reported.

Maintenance of Effects

3. The number of pregnant teenagers utilizing the fall 1977 course one or more times in relation to the known number of pregnant teenagers will be tallied and reported.

4. The number of pregnant teenagers receiving credit for the fall 1977 course will be tallied and reported.

APPENDIX A

FIRST SEMESTER SCHEDULE FOR PRENATAL CENTER

1972-73

ALEXANDRIA CITY PUBLIC SCHOOLS
Alexandria, Virginia

FIRST SEMESTER SCHEDULE FOR PRENATAL CENTER, 1972-73

Date	Activity	Agency/Instructor
Sept. 19	Counselling	Family Services
Sept. 22	Prenatal and Child Care	Red Cross
Sept. 26	Counselling	Family Services
Sept. 29	Prenatal and Child Care	Red Cross
Oct. 3	Counselling	Family Services
Oct. 6	Prenatal and Child Care	Red Cross
Oct. 10	Counselling	Family Services
Oct. 13	Prenatal and Child Care	Red Cross
Oct. 17	Counselling	Family Services
Oct. 20	Prenatal and Child Care	Red Cross
Oct. 24	Counselling	Family Services
Oct. 27	Field Trip to Alex. Hospital	Red Cross
Oct. 30	Counselling	Family Services
Nov. 3	Holiday	- -
Nov. 6	Counselling	Family Services
Nov. 10	Film: "Young, Single and Pregnant"	Mrs. Allport, T.C.W.H.
Nov. 13	Review of Services offered by Dept. of Social Services	Mrs. Bigalke, Alex. Social Services
Nov. 17	Counselling	Family Services
Nov. 20	Review of Services offered by Dept. of Social Services	Mrs. Bigalke, Alex. Social Services
Nov. 24	Holiday	- -
Nov. 27	Counselling	Family Services
Dec. 1	Counselling	Family Services
Dec. 4	Counselling	Family Services
Dec. 8	Information on Day Care Centers	Dept. Social Services, Linda Mullins
Dec. 11	Counselling	Family Services
Dec. 19	Counselling	Family Services
Dec. 22	Holiday	- -
Dec. 26	Holiday	- -
Dec. 29	Holiday	- -
Jan. 1	Holiday	- -
Jan. 5	First Aid	Red Cross
Jan. 8	Counselling	Family Services
Jan. 12	First Aid	Red Cross
Jan. 15	Counselling	Family Services
Jan. 19	Holiday	- -
Jan. 22	Counselling	Family Services
Jan. 26	Holiday	- -

APPENDIX B

REVISED SPRING 1976 SCHEDULE PROGRAM

FOR SCHOOL AGE PARENTS

ALEXANDRIA CITY PUBLIC SCHOOLS
Alexandria, Virginia

REVISED SPRING 1976 SCHEDULE PROGRAM

FOR SCHOOL AGE PARENTS

Date	Activity	Agency
March 18	Prenatal and Child Care	Red Cross Public Health Dept.
March 25	Prenatal and Child Care Counselling	Red Cross Family Services
April 1	Prenatal and Child Care Counselling	Red Cross Family Services
April 8	Prenatal and Child Care Counselling	Red Cross Family Services
April 22	Field Trip to Alex. Hospital	Red Cross
April 29	Nutrition Counselling	V.P.I. Family Services
May 6	Nutrition Counselling	V.P.I. Family Services
May 13	Alex. Hosp. Health Fair	V.P.I.
May 20	Nutritien Counselling	V.P.I. Family Services
May 27	Family Planning Counselling	Public Health Dept. Family Services
June 3	Infant Stimulation Counselling	Parent Infant Ed. Family Services
June 10	Infant Stimulation Counselling	Parent Infant Ed. Family Services
June 17	Picnic	Alex. Community "Y"

APPENDIX C

FIRST SEMESTER SCHEDULE PROGRAM FOR

SCHOOL AGE PARENTS 1975

ALEXANDRIA CITY PUBLIC SCHOOLS
Alexandria, Virginia

VISITING TEACHER SERVICE

First Semester Schedule Program
for School Age Parents

Date	Activity	Agency
Sept. 29	Counselling	Family Services
Oct. 3	Prenatal and Child Care	Red Cross
Oct. 6	Counselling	Family Services
Oct. 10	Prenatal and Child Care	Red Cross
Oct. 13	Holiday	- -
Oct. 17	Prenatal and Child Care	Red Cross
Oct. 20	Counselling	Family Services
Oct. 24	Prenatal and Child Care	Red Cross
Oct. 27	Holiday	- -
Oct. 31	Prenatal and Child Care	Red Cross
Nov. 3	Counselling	Family Services
Nov. 7	Holiday	- -
Nov. 10	Counselling	Family Services
Nov. 14	Field Trip to Alex. Hospital	Red Cross
Nov. 17	Counselling	Family Services
Nov. 21	Dept. of Social Services	Dept. of Social Services
Nov. 24	Counselling	Family Services
Nov. 28	Holiday	- -
Dec. 1	Counselling	Family Services
Dec. 5	Nutrition	V.P.I.
Dec. 8	Counselling	Family Services
Dec. 12	Nutrition	V.P.I.
Dec. 15	Counselling	Family Services
Dec. 19	Nutrition	V.P.I.
Jan. 5	Planned Parenthood	Alex. Health Dept.
Jan. 9	Counselling	Family Services
Jan. 12	Dept. of Social Services	Dept. of Social Services
Jan. 16	Holiday	- -
Jan. 19	Counselling	Family Services
Jan. 23	Holiday	- -

RJB:bh
September 10, 1975

APPENDIX D

COMPARISON OF PREGNANT TEENAGE STUDENTS

1975 AND 1976

TABLE 7

COMPARISON OF PREGNANT TEENAGE STUDENTS, 1975 AND 1976

	1975*		1976	
	Range	Mean	Range	Mean
Total known pregnant students				
Chronological age	13-19	16.0	14-19	15.9
Intelligence quotient (based on most recent individual or group standardized test scores)	56-112	78	59-111	85
Reading comprehension grade equivalent (based on most recent individual or group standardized test scores)	1.5-11.4	6.0	1.9-12.1	5.3
Total known pregnant students referred to Pupil Services				
Chronological age	15-18	15.9	14-18	16.0
Intelligence quotient (based on most recent individual or group standardized test scores)	56-89	75	59-97	78
Reading comprehension grade equivalent (based on most recent individual or group standardized test scores)	1.5-6.9	3.6	1.9-12.1	5.3
Total known pregnant students not referred to Pupil Services				
Chronological age	13-19	16.0	14-19	15.3
Intelligence quotient (based on most recent individual or group standardized test scores)	65-112	82	68-111	84
Reading comprehension grade equivalent (based on most recent individual or group standardized test scores)	3.6-11.4	7.9	2.9-11.9	5.9

NOTE: The grouping of test scores from different measures on different dates is admittedly crude; however, the means of these scores present a rough picture of the pregnant teenage population in respect to generally ability and reading comprehension, and also reflect the similarity of these students for both the 1975 and 1976 school years.

*The figures are based on one-third of the known pregnant teenage students for the 1975 school year.

APPENDIX E

SCHOOL AGE PARENT'S WORKSHOP TENTATIVE PROGRAM

1976-77

SCHOOL AGE PARENT'S WORKSHOP TENTATIVE PROGRAM FOR 1976-77

TIME 1:00-3:30	PLACE	PROGRAM	LEADERS
9/16	S.S.O.C.	1. Mother and Baby Care A. Program introduction 2. How Social Services can help you 3. How School Counselors can help you	Red Cross Nurse DSS Mr. Wright, Guidance Counselor, No. Va. Family Service, Ms. Cornejo, Ms. Morgan
9/23	S.S.O.C.	1. Eating for two 2. Big problems, small problems	Ms. Gilmer, V.P.I. Home Economist Ms. Cornejo, Ms. Morgan, No. Va. Family Services
9/30	S.S.O.C.	1. Parenting	Mrs. Knecht, Pupil Services
10/7	S.S.O.C.	1. Mother and Baby Care 2. Roundtable Discussion	Red Cross Ms. Cornejo, Ms. Morgan, No. Va. Family Services
10/14	S.S.O.C.	1. Why good Nutrition 2. More thinking about us and what's happening	Ms. Gilmer Ms. Cornejo, Ms. Morgan, No. Va. Family Services
10/21	S.S.O.C.	1. Mother and Baby Care 2. Labor and Delivery 3. Hospital Care	Red Cross Nurse Ms. Morrissey, Hospital Nurse
10/28	Alex. Hosp. Meet at Prince St. for Trans.	1. Tour: (a) Labor and Delivery, (b) Nursery, (c) Maternity 2. Question and answer period with birth film shown	Ms. Morrissey, Hospital Nurse Ms. Cornejo Red Cross Nurse, Toni Buagham

TIME 1:00-3:30	PLACE	PROGRAM	LEADERS
11/4	Public Health Department	1. Family Planning for healthy mothers and babies 2. What if my baby is sick:	Ann Scheible, PHN Ann Hoehn, PHN
11/11	Occupational Center	1. Mother and Baby Care Baby supplies and baby bath 2. How do you feel about yourself and others?	Red Cross Nurse, Ms. Cornejo, Ms. Morgan
11/18	Occupational Center	1. Nutrition for everyone 2. Legal "untangles" 3. How do you feel about yourself and others:	Ms. Gilmer Legal Aide Society Representative Ms. Cornejo, Ms. Morgan
12/2	Occupational Center	1. Discussion of breast and bottle infant feeding 2. Status of our problems	Red Cross Nurse and V.P.I. Ms. Cornejo, Ms. Morgan
12/9	Occupational Center	1. Group discussions	Ms. Knecht - Pupil Services
12/16	Occupational Center	1. Growth and development: birth - 6 months 2. Group processes and holiday plans	Ms. Knecht - Pupil Services Ms. Cornejo, Ms. Bobby Crann, Alex. Y. Representative
12/23	T.B.A.	Christmas social; recreation ideas	Bobby Crann and students
1/6	Occupational Center	1. Growth and development, 6 months-1 year 2. Infant stimulation	Mrs. Becker - No. Va. Parent-infant Education
1/13	Occupational Center	Planning and evaluation and alumni meeting. What did we miss?	Committee meeting with Chairman, students; Ms. Cornejo, Ms. Morgan

September 1976

APPENDIX F

FLANDERS' INTERACTIONAL ANALYSIS TALLY SHEET

FLANDERS' INTERACTIONAL ANALYSIS TALLY SHEET

Accepts Feelings	1																			
Praises or Encourages	2																			
Accepts or Uses Ideas of Students	3																			
Asks Questions	4																			
Lecturing	5																			
Giving Directions	6																			
Criticizing or Judging Authority	7																			
Student-Talk Response	8																			
Student-Talk Initiation	9																			
Silence or Confusion	10																			

When teacher speaks to group, use T-G.
When teacher speaks to an individual, use T-I.
When student speaks to group, use S-G.

When student speaks to teacher, use S-T.
When student speaks to another student, use S-S

APPENDIX G

FLANDERS' INTERACTION ANALYSIS

SUMMARY OF CATEGORIES FOR

INTERACTION ANALYSIS

FLANDERS' INTERACTION ANALYSIS, SUMMARY OF CATEGORIES FOR INTERACTION ANALYSIS

TEACHER TALK	INDIRECT INFLUENCE	1. ACCEPTS FEELING: accepts and clarifies the feeling tone of the students in a nonthreatening manner. Feelings may be positive or negative. Predicting or recalling feelings is included. 2. PRAISES OR ENCOURAGES: praises or encourages student action or behavior. Jokes that release tension, but not at the expense of another individual; nodding head, or saying "um hum?" or "go on" are included. 3. ACCEPTS OR USES IDEAS OF STUDENTS: clarifying, building, or developing ideas suggested by a student. As teacher brings more of his own ideas into play, shift to Category 5. 4. ASKS QUESTIONS: asking a question about content or procedure with the intent that a student answer.
	DIRECT INFLUENCE	5. LECTURING: giving facts or opinions about content or procedures; expressing his own ideas, asking rhetorical questions. 6. GIVING DIRECTIONS: directions, comments, or orders with which a student is expected to comply. 7. CRITICIZING OR JUSTIFYING AUTHORITY: statements intended to change student behavior from non-acceptable to acceptable pattern; bawling someone out; stating why the teacher is doing what he is doing, extreme self-reference.
STUDENT TALK		8. STUDENT TALK - RESPONSE: talk by students in response to teacher. Teacher initiates the contact or solicits student statement. 9. STUDENT TALK - INITIATION: talk by students, which they initiate. If "calling on" student is only to indicate who may talk next, observer must decide whether student wanted to talk. If he did, use this category.
		10. SILENCE OR CONFUSION: pauses, short periods of silence, and periods of confusion in which communication cannot be understood by the observer.

NOTE: There is NO scale implied by these numbers. Each number is classificatory; it designates a particular kind of communication event. To write these numbers down during observation is to enumerate, not to judge, a position on a scale.

APPENDIX H

SCHOOL AGE PARENT PROGRAM, SPRING 1977

SCHOOL AGE PARENT PROGRAM, SPRING 1977

TIME 1:00-3:30	PLACE	PROGRAM	LEADERS
1/13	S.S.O.C.	1. a. Pregnancy Orientation b. Review of first semester c. Homebound instruction and guidance counseling d. Counseling	Red Cross S.S.O.C. S.S.O.C. No. Va. Family Service
1/27	S.S.O.C.	2. a. Eating for two b. Counseling	V.P.I. No. Va. Family Service
2/3	S.S.O.C.	3. a. Eating for two b. Counseling	V.P.I. No. Va. Family Service
2/10	S.S.O.C.	4. a. Eating for two b. Counseling	V.P.I. No. Va. Family Service
2/17	S.S.O.C.	5. a. Labor and Delivery I b. Counseling	Red Cross No. Va. Family Service
2/24	S.S.O.C.	6. a. Labor and Delivery II b. Counseling	Red Cross No. Va. Family Service
3/3	S.S.O.C.	7. a. Hospital Tour: Labor and Delivery III b. Counseling	Red Cross No. Va. Family Service
3/10	S.S.O.C.	8. a. Preparation for Hospital Trip b. Counseling	Red Cross, Hosp. Nurse No. Va. Family Service
3/17	Alex. Hosp.	9. a. Alex. Hospital Tour	Hospital Nurse
3/24	S.S.O.C.	10. a. Follow-up of Hospital Tour b. Counseling	Red Cross Public Health Nurse No. Va. Family Service
3/31	S.S.O.C.	11. a. Breast and Bottle Feeding b. Counseling	Red Cross No. Va. Family Service
4/7	S.S.O.C.	12. a. Choosing the right foods for mother and baby b. Counseling	V.P.I. No. Va. Family Service

TIME 1:00-3:30	PLACE	PROGRAM	LEADERS
4/21	Public Health Department	13. a. Family Planning Clinic	Health Department
4/28	S.S.O.C.	14. a. Mother and Baby Care b. Counseling	Red Cross No. Va. Family Service
5/5	S.S.O.C.	15. a. Mother and Baby Care b. Counseling	Red Cross No. Va. Family Service
5/12	S.S.O.C.	16. a. Parenting - Birth to 6 months b. Counseling	Pupil Services No. Va. Parent Infant Ed. No. Va. Family Service
5/19	S.S.O.C.	17. a. Parenting - 6 months to 1 year b. Counseling	Pupil Services No. Va. Parent Infant Ed. No. Va. Family Service
5/26	S.S.O.C.	18 a. Parenting - 6 months to 1 year b. Counseling	Pupil Services No. Va. Parent Infant Ed. No. Va. Family Service
6/2	S.S.O.C.	19. a. Review of course by Coordinator and Home-School Counselors b. Evaluation c. Counseling	Pupil Services and Coordinator No. Va. Family Service
6/10	S.S.O.C.	20. a. Counseling and wrap-up	No. Va. Family Service S.S.O.C. Staff

Addendum: Counseling includes group discussion centering around:
1. Family Dynamics
2. Mothering and Parenting
3. Self-concept, Decision Making
4. Schooling and Education

APPENDIX I

COMPARISON OF PREGNANT TEENAGE POPULATIONS

1975-1976

COMPARISON OF PREGNANT TEENAGE POPULATIONS

1975-1976

STUDENT POPULATION

	1975	1976
Number with data available	34 of 48	28 of 28
Average C.A.	16	15.7
Average I.Q. or D.I.Q.	78	78
Average reading comprehension (Standardized test scores)	6.0	4.8

STUDENTS REFERRED TO PUPIL SERVICES

	1975	1976
Number with data available	16 of 48 (33.3%)	9 of 28 (32%)
Average C.A.	15.9	16
Average I.Q. or D.I.Q.	75	75
Average reading comprehension (Standardized test scores)	3.6	3.7

STUDENTS NOT REFERRED TO PUPIL SERVICES

	1975	1976
Number with data available	18 of 48	19 of 28
Average C.A.	16	15.5
Average I.Q. or D.I.Q.	82	80
Average reading comprehension (Standardized test scores)	7.9	5.4

APPENDIX J

TEENAGE PARENT WORKSHOP OBJECTIVES

TEENAGE PARENT WORKSHOP OBJECTIVES

WORKSHOP TITLE: _____

WORKSHOP LEADER: _____ DATE: _____

I would like to meet the following three objectives to teach the students the following three pieces of factual information during this workshop:

SAMPLE:

OBJECTIVES	INFORMATION
To help the students learn what the 4 basic food groups are.	The four food groups are: milk, fruits and vegetables, meat, breads and cereals.

OBJECTIVES	INFORMATION
1)	
2)	
3)	

Return this completed form to Allan Okin, Director, Pupil Services, 1108 Jefferson Street, Alexandria, Virginia 22314. Thanks.

APPENDIX K

FIRST SEMESTER'S CUMULATIVE REVIEWS

TEENAGE PARENT PROGRAM

NUTRITION REVIEW

1. If you want to stay thin when you are pregnant, eat a lot of this food -

(CIRCLE ONE ANSWER)

a. fat meats

b. french fries

c. candy

d. none of the above foods

2. How many glasses of milk does a pregnant teenager need to drink every day?

(CIRCLE ONE ANSWER)

a. 2 glasses

b. no milk

c. 4 or more glasses

d. 3 glasses

3. What are the 4 food groups you need to eat from every day?

(CIRCLE ONE GROUP)

a. potatoes, candy, cake, coke

b. milk, fruits and vegetables, meats, breads and cereals

c. meat, ice cream, potato chips, milk

d. breads and cereals, milk, greens, chicken

October 14, 1976

_____
Student's Name

TEENAGE PARENT PROGRAM

LABOR AND DELIVERY REVIEW

1. What does the word "LABOR" mean?

(CIRCLE YOUR ANSWER)

a. action

b. moving around

c. hard work

d. pushing and pulling

2. How many stages are there in LABOR?

(CIRCLE YOUR ANSWER)

a. 1

b. 3

c. 4

d. 2

3. When LABOR starts you will have:

(CIRCLE YOUR ANSWER)

a. short breath

b. leg cramps

c. a headache

d. contractions

_____
Student's Name

October 21, 1976

TEENAGE PARENT PROGRAM

LABOR AND DELIVERY REVIEW

1. When you are in labor your contractions get

(CIRCLE YOUR ANSWER)

a. longer and stronger, then closer together

b. far apart

c. longer and stronger, then easier

d. weaker

2. When your cervix dilates, it means

(CIRCLE YOUR ANSWER)

a. it shrinks

b. it gets tight

c. it opens

d. it will stop soon

3. During the second stage of labor

(CIRCLE YOUR ANSWER)

a. the after-birth comes

b. you do nothing

c. you let your body do it

d. you help to push the baby out

_____

Student's Name

November 4, 1976

TEENAGE PARENT PROGRAM

FAMILY PLANNING REVIEW

1. When you ovulate, it means

(CIRCLE YOUR ANSWER)

a. the blood comes out

b. you get sick

c. it hurts

d. the egg is ready to make a baby

2. Circle the good birth control methods -

a. the pill

b. foam

c. I.U.D.

d. condoms (rubbers)

3. Circle the things you can get at the Family Planning Clinic -

a. birth control methods

b. free pills

c. help without your parents

d. a physical exam by the doctor

_____
Student's Name

November 11, 1976

TEENAGE PARENT PROGRAM

NUTRITION FOR EVERYONE - FEED YOUR BABY REVIEW

1. CIRCLE all the kinds of milk formulas you can buy for your baby -

   a. evaporated milk

   b. powdered milk

   c. carton milk

   d. throw-away bottles

2. Ready to feed, throw-away bottles, and powdered milk formulas all cost -

   (CIRCLE ONE ANSWER)

   a. a lot (high price)

   b. the same

   c. less than other kinds

   d. none of these answers

3. The best way to feed your baby is -

   (CIRCLE ONE ANSWER)

   a. put the baby in a playpen or in a chair

   b. hold the baby in your lap

   c. put the baby on a table

   d. put the baby on a blanket on the floor

_____
Student's Name

November 18, 1976

TEENAGE PARENT PROGRAM

LABOR AND DELIVERY REVIEW - SESSION III

1. The shot from the needle that goes in your back -

(CIRCLE YOUR ANSWER)

a. hurts the most

b. hurts less than contractions

c. doesn't hurt at all

d. hurts more than contractions

2. The pain from contractions -

(CIRCLE YOUR ANSWER)

a. hurts you the most before you start pushing

b. doesn't hurt at all

c. hurts the most after delivery

d. hurts more in the sixth month

3. Nurses -

(CIRCLE YOUR ANSWER)

a. are bad and mean

b. make it hard to have a baby

c. are only in hospitals

d. help you make it easier to have the baby

_____

Student's Name

December 2, 1976

TEENAGE PARENT PROGRAM

HOW BABIES LEARN - REVIEW

1. By giving your baby warm attention, talking to your baby, giving your baby fun things to do and baby-proofing your home -

(CIRCLE YOUR ANSWER)

a. you help your baby to learn

b. you are a lazy mother

c. you keep your baby busy

d. you pass the time of day

2. The best way for you to develop your baby's language is to -

(CIRCLE YOUR ANSWER)

a. sing songs

b. talk to your baby

c. keep the TV on

d. have a lot of people around and just talk to them

3. CIRCLE the skill that <u>is not</u> an important one for your baby to learn.

a. language

b. social

c. neatness

d. curiosity

_____
Student's Name

December 9, 1976

TEENAGE PARENT PROGRAM

A SAFE ENVIRONMENT - REVIEW

1. To baby-proof your baby's room or home, you -

(CIRCLE ONE GROUP)

a. cover plugs, put breakable things away, lock up poisons

b. cover plugs, don't cook, have no rugs

c. put breakable things away, hide poisons, let little kids sit for your baby

d. lock doors, open windows, have soft toys to play with

2. You will help your baby want to learn about things if you -

(CIRCLE YOUR ANSWER)

a. have a messy, dirty baby

b. let your baby crawl in the grass and eat dirt

c. let your baby move around in a baby-proof home with lots of fun things to touch

d. keep your baby in a playpen all day with lots of fun toys

3. Four important skills for babies to learn are -

(CIRCLE ONE GROUP)

a. sleeping, crawling, language, social

b. learning to learn, crawling, social, speech

c. language, curiosity, learning to eat, speech

d. language, curiosity, learning to learn, social

_____
Student's Name

December 16, 1976

TEENAGE PARENT PROGRAM

INFANT GAMES AND TOYS - REVIEW

1. When you buy toys for your baby, you should think first about -

(CIRCLE YOUR ANSWER)

a. the color of the toy

b. the size and the color of the toy

c. safety is more important than cost

d. cost is more important than safety

2. When you make toys for your baby, the most important thing to remember is -

(CIRCLE YOUR ANSWER)

a. use cheap materials

b. don't make a mess

c. use colorful materials

d. use safe materials

3. Playing games with your baby is -

(CIRCLE YOUR ANSWER)

a. important for your baby

b. fun for you all of the time

c. a waste of time

d. a way to stop your baby from crying

_____
Student's Name

January 6, 1977

APPENDIX L

SECOND SEMESTER'S CUMULATIVE REVIEWS

TEENAGE PARENT PROGRAM

NUTRITION REVIEW - EATING FOR TWO, I

1. Foods needed by a pregnant teenager are -

(CIRCLE THE BEST ANSWER)

a. foods rich in vitamins, protein, minerals and iron

b. foods rich in sugar, fat, salt and spices

c. foods rich in salt, starch, iron and protein

d. foods rich in sugar, fat, vitamins and minerals

2. CIRCLE THE LIST of foods a pregnant teenager SHOULD TRY NOT TO eat -

a. fish, chicken, cereal, apples

b. milk, steak, greens, turkey

c. pork, soft drinks, potato chips, french fries

d. carrots, chicken, whole wheat bread, milk

3. The 4 food groups you need to eat from every day are -

(CIRCLE THE BEST ANSWER)

a. breads and cereals, milk, tuna fish, candy

b. milk, fruits and vegetables, meats, breads and cereals

c. potatoes, candy, cake, coke

d. meat, ice cream, potato chips, milk

_____

Student's Name

January 27, 1977

TEENAGE PARENT PROGRAM

NUTRITION REVIEW - EATING FOR TWO

1. The pregnant teenager should drink -

(CIRCLE THE BEST ANSWER)

a. 2 glasses of milk each day

b. no milk

c. 4 or more glasses of milk each day

d. 3 glasses of milk each day

2. Some snacks that are good for you to eat are -

(CIRCLE THE BEST GROUP)

a. pickles, ice cream, pretzels

b. jello, candy, milk shakes

c. potato chips, twinkies, popcorn

d. fresh fruit, raw vegetables, peanut butter snacks

3. Non-fat dry milk -

(CIRCLE THE BEST ANSWER)

a. is cheaper and still is good for you

b. costs more

c. does not taste good and is not good for you

d. is cheaper but is not good for you

_____
Student's Name

February 10, 1977

TEENAGE PARENT PROGRAM

PREGNANCY REVIEW

1. Some female reproductive body parts are -

(CIRCLE THE BEST GROUP)

a. vagina, uterus, cervix and vulva

b. foot, arm, neck and head

c. penis, testes, scrotum and urethra

d. anus, rectum, buttocks and pubic hair

2. During the second three months when you are pregnant -

(CIRCLE THE BEST ANSWER)

a. your body doesn't change

b. your abdomen rises out and you feel your baby move

c. your baby puts on the most weight

d. you are the most uncomfortable

3. You are more likely to be sleepy, need to go to the bathroom and feel like throwing up during the -

(CIRCLE THE BEST ANSWER)

a. third 3 months of pregnancy (third trimester)

b. second 3 months of pregnancy (second trimester)

c. first 3 months of pregnancy (first trimester)

d. all during your pregnancy

_____

Student's Name

February 17, 1977

TEENAGE PARENT PROGRAM

LABOR AND DELIVERY REVIEW -- II

1. Near the end of your pregnancy, some "danger signs" are -

(CIRCLE THE BEST ANSWER)

a. fatness, going to the bathroom a lot, sleepiness and headaches

b. the baby kicks, backaches, clumsiness and eating a lot

c. swollen ankles, blurred vision, vomiting a lot (throwing up) and bleeding

d. none of the above

2. When your lower back and pelvis hurt, one helpful exercise to do is

(CIRCLE THE BEST ANSWER)

a. jog

b. the pelvic rock

c. swim

d. cross your legs

3. During labor -

(CIRCLE THE BEST ANSWER)

a. your uterus contracts, cervix mouth opens up, and the baby comes down the birth canal

b. your ankles swell, head hurts and the baby kicks

c. you throw up, feel tired and have a fever

d. none of the above

_____
Student's Name

February 24, 1977

TEENAGE PARENT PROGRAM

LABOR AND DELIVERY REVIEW - III

1. When labor starts, you may have -

(CIRCLE THE BEST GROUP)

a. a funny feeling, cramps and dizziness

b. high blood pressure, weak knees and ringing in your ears

c. hunger, itching and low blood sugar

d. a bloody show, a gush of water and regular contractions

2. The last thing that happens when your baby is born is -

(CIRCLE THE BEST ANSWER)

a. the placenta (after-birth) comes out

b. the uterus contracts

c. the cervix "mouth" opens up

d. none of the above

3. To help you be more comfortable during labor and delivery -

(CIRCLE THE BEST GROUP)

a. ask for a shoulder to lean on, a TV to watch or a book to read

b. change your position, ask for a backrub or ask for some medicine

c. ask for an aspirin, a bath or a nightgown

d. call your mother, walk to the nursery or ask for a pep talk

_____
Student's Name

March 3, 1977

TEENAGE PARENT PROGRAM

GETTING READY FOR THE HOSPITAL VISIT
LABOR AND DELIVERY - IV

1. When you go to the hospital you will most likely go in the -

(CIRCLE THE BEST ANSWER)

a. back door

b. patient's entrance

c. emergency entrance

d. visitor's entrance

2. An epidural -

(CIRCLE THE BEST ANSWER)

a. numbs you from the waist down

b. puts you to sleep

c. numbs you from the waist up to your head

d. is medicine you take by the spoonful

3. The position you are in when you deliver your baby is -

(CIRCLE THE BEST GROUP)

a. lay on your side, breathe fast, chew gum and push

b. lay on your back, keep your legs flat, hug a pillow and push

c. lay on your back, have a pillow under your head, keep your knees up and push

d. none of the above

_____
Student's Name

March 10, 1977

TEENAGE PARENT PROGRAM

INFANT FEEDING REVIEW

1. When you breast feed your baby, it is GOOD FOR THE BABY because -

(CIRCLE THE BEST ANSWER)

a. the baby feels more comfortable and protected

b. the baby will be healthy

c. mother's milk is better than store-bought milk

d. all of the above answers

2. The W.I.C. Program is for -

(CIRCLE THE BEST GROUP)

a. pregnant women, babies, children under 5

b. grandmothers, teenagers, 9 year olds

c. mothers, fathers, children over 5

d. pregnant women, fathers, cousins

3. You get the W.I.C. vouchers at the -

(CIRCLE THE BEST ANSWER)

a. Fire Department

b. School

c. Health Department

d. Social Services

_____

Student's name

March 31, 1977

TEENAGE PARENT PROGRAM

CHOOSING RIGHT FOODS FOR YOUR BABY REVIEW

1. The cereal you feed your baby should have -

(CIRCLE THE BEST ANSWER)

a. butter

b. sugar

c. iron

d. salt

2. Some good fruits in jars to feed your baby are -

(CIRCLE THE BEST GROUP)

a. applesauce, bananas, peaches

b. peaches, grapes, lemons

c. berries, applesauce, bananas

d. bananas, peaches, lime jello

3. The best way to bottle feed your baby is to -

(CIRCLE THE BEST ANSWER)

a. put the baby in a playpen or in a chair

b. hold the baby in your lap

c. put the baby on a table

d. put the baby on a blanket on the floor

_____

Student's Name

April 7, 1977

TEENAGE PARENT PROGRAM

FAMILY PLANNING CLINIC/WELL BABY CLINIC REVIEW

1. You can get pregnant when the egg goes out of the ovary. This happens most times -

(CIRCLE THE BEST ANSWER)

a. six months after you have your baby

b. four weeks after you have your baby

c. one week after you have your baby

d. one day after you have your baby

2. The birth control methods that stop pregnancy better than the others are -

(CIRCLE THE BEST ANSWER)

a. the birth control pill and IUD

b. foam and condoms (rubbers)

c. the diaphragm and foam

d. the IUD and pulling out (withdrawal)

3. You should take your baby to the WELL BABY CLINIG, or your DOCTOR, because -

(CIRCLE THE BEST ANSWER)

a. you keep your baby healthy and get help learning how to do it.

b. your baby will get food

c. you will get shots

d. you will get pills for your sick baby

_____
Student's Name

April 21, 1977

TEENAGE PARENT PROGRAM

MOTHER - BABY CARE REVIEW, I

1. The time to give your baby a bath should be -

(CIRCLE THE BEST ANSWER)

a. before lunch

b. at night

c. one hour after dinner

d. the easiest time of day for you

2. If your new baby is awake for more than 2 hours, you should -

(CIRCLE THE BEST ANSWER)

a. talk to your baby

b. stay away from your baby

c. put your baby in another room

d. none of the above

3. Most new babies need to eat -

(CIRCLE THE BEST ANSWER)

a. one time a day

b. twelve times a day

c. six times a day

d. three times a day

_____

Student's Name

April 28, 1977

TEENAGE PARENT PROGRAM

RETURNING TO SCHOOL AFTER YOUR BABY IS BORN - REVIEW

1. If you cannot get a relative or friend to care for your baby, you CAN GO TO -

(CIRCLE THE BEST ANSWER)

a. Social Services for child care

b. the Health Department for child care

c. the Recreation Department for child care

d. none of the above

2. Ways for you to continue your education are -

(CIRCLE THE BEST ANSWER)

a. go to night school

b. go to day school full time

c. go to day school part time

d. all of the above are possible.

3. If you want to continue school, you SHOULD -

(CIRCLE THE BEST ANSWER)

a. wait for someone to call you

b. talk to people (counselor, nurse, teacher) at school about it

c. ask your friends

d. do nothing

_____
Student's Name

May 5, 1977

TEENAGE PARENT PROGRAM

PARENTING: BIRTH TO SIX MONTHS - REVIEW

1. From birth to 6 weeks, most babies do things in -

(CIRCLE THE BEST ANSWER)

a. large bits at a time

b. a silly way

c. small bits at a time

d. ways to always keep you happy

2. From birth to 3 months, some interesting things for your baby are -

(CIRCLE THE BEST GROUP)

a. mobiles, crib gymns, rattles, pictures on a wall

b. puzzles, pull toys, push toys, crayons

c. tiny toys, television, mobiles, pull toys

d. picture books, records, push toys, rattles

3. Talking to your baby from different places in a room, feeding your baby from different sides, and playing peek-a-boo are just a few ways you can help your baby to -

(CIRCLE THE BEST ANSWER)

a. stay awake

b. learn

c. be good

d. get tired fast so you can put your baby to sleep

_____

Student's Name

May 12, 1977

TEENAGE PARENT PROGRAM

PARENTING: 3 TO 6 MONTHS - REVIEW

1. When your baby is 5 to 6 months old, he or she -

(CIRCLE THE BEST ANSWER)

a. can hold up his/her head for ONLY a few seconds

b. learns to move his/her eyes

c. seems to know such words as "bye-bye, " "mama," "daddy"

d. sleeps most of the time

2. When your baby is with you, the best way to teach him or her to talk is to -

(CIRCLE THE BEST ANSWER)

a. use all big words

b. talk to your baby for as long as he/she wants to talk, using words the child knows and some words that are a little too hard

c. let the baby talk and answer with "yes" or "no"

d. let the baby play with another baby or young child

3. Some good things to use to help your baby learn good language are -

(CIRCLE THE BEST ANSWER)

a. toys, bells, rattles

b. pots, pans, food

c. books, rhymes, games (peek-a-boo and pat-a-cake)

d. none of the above

_____
Student's Name

May 19, 1977

TEENAGE PARENT PROGRAM

PARENTING: 6 TO 12 MONTHS - REVIEW

1. When your baby is 6 to 12 months old, he or she -

(CIRCLE THE BEST ANSWER)

a. begins to move his/her eyes

b. begins to crawl

c. learns to cry

d. learns to roll over

2. To help baby-proof your house and/or your baby's room, you should -

(CIRCLE THE BEST ANSWER)

a. cover plugs

b. turn pot handles to the back of the stove

c. lock up medicine and dangerous things

d. do all of the above

3. To help your child want to learn (to be more curious) -

(CIRCLE THE BEST ANSWER)

a. make your baby stay clean

b. keep your baby in a playpen

c. don't let your baby touch all your nice things around the house

d. keep a lot of interesting things around the house and watch your baby play outside a lot

_____
Student's Name

May 26, 1977

APPENDIX M

FIRST SEMESTER'S TALLIES

FIRST SEMESTER'S TALLIES

		9/16/76	9/23/76	9/30/76	10/7/76	10/14/76	10/21/76	11/4/76	11/11/76	11/18/76	12/2/76	12/9/76	12/16/76	1/6/76	Total	Percentage of Total
Accepts Feelings	1	0	0	1	5	0	1	0	2	0	6	4	3	0	22	1.83
Praises or Encourages	2	2	1	0	1	0	1	1	1	0	1	12	0	5	25	2.08
Accepts or Uses Ideas of Students	3	3	2	1	2	0	1	0	1	2	2	17	1	8	40	3.33
Asks Questions	4	3	2	2	34	6	33	22	4	11	22	46	7	46	238	19.80
Lecturing	5	97	82	68	14	21	24	32	3	35	39	10	1	18	444	36.94
Giving Direction	6	0	1	0	4	1	0	4	1	1	3	18	1	6	40	3.33
Criticizing or Judging Authority	7	0	0	0	2	0	0	1	0	0	0	0	0	0	3	.25
Student-Talk Response	8	5	1	0	17	4	18	2	2	4	47	48	7	67	222	18.47
Student-Talk Initiation	9	0	1	0	14	2	1	9	4	3	17	42	1	66	160	13.31
Silence or Confusion	10	0	0	0	0	0	0	0	1	0	2	5	1	0	9	.75
Each Session Totals		110	89	72	93	34	79	71	19	56	139	202	22	216	1202	100.09
Each Session Percentage of Total that is Lecturing		88.18	92.13	94.44	15.05	61.76	30.38	45.07	15.79	62.50	28.07	4.95	4.55	8.33		

APPENDIX N

SECOND SEMESTER'S TALLIES

SECOND SEMESTER'S TALLIES.

		1/13/77	1/27/77	2/10/77	2/17/77	2/24/77	3/3/77	3/11/77	3/24/77	3/31/77	4/7/77	4/21/77	4/28/77	5/5/77	5/12/77	5/19/77	5/26/77	Total	Percentage of Total
Accepts Feelings	1	2	3	1	4	4	6	5	0	1	1	1	0	6	12	0	12	58	3.58
Praises or Encourages	2	2	8	5	8	6	1	6	1	6	5	5	1	7	16	2	7	86	5.32
Accepts or Uses Ideas of Students	3	3	8	6	1	10	15	5	7	2	0	5	25	5	17	2	8	119	7.35
Asks Questions	4	7	25	13	15	31	28	9	15	19	7	9	46	18	20	26	17	305	18.85
Lecturing	5	7	11	11	15	8	27	26	12	14	13	25	20	9	12	19	13	242	14.96
Giving Directions	6	2	4	2	12	13	6	12	0	1	0	2	11	15	22	5	14	121	7.48
Criticizing or Judging Authority	7	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2	.12
Student-Talk Response	8	3	15	11	29	25	34	6	14	21	13	15	50	12	31	35	15	329	20.33
Student-Talk Initiation	9	1	7	19	40	24	56	8	34	25	16	22	15	9	17	39	13	345	21.32
Silence or Confusion	10	0	0	4	0	1	0	0	0	0	0	0	0	0	0	2	4	11	.68
Each Session Totals		28	81	72	124	122	174	77	83	89	55	84	168	81	147	130	103	1618	99.99
Each Session Percentage of Total that is Lecturing		25.00	13.58	15.28	12.10	6.56	15.52	33.77	14.46	15.73	23.64	29.76	11.90	11.11	8.16	14.62	12.62		

APPENDIX O

TEENAGE PARENT WORKSHOP EVALUATION SUMMARY

TEENAGE PARENT WORKSHOP EVALUATION SUMMARY

Your Name: _____ Agency: _____

Workshop Topic: _____ Date: _____

Please write a brief description of what happened in your workshop today as soon as possible after it's over. Return this summary to Mr. Wilson. Thank you for your participation and cooperation.

1. Tell how many students were present: _____
(Number students present)

2. Tell how much you felt that student participated: CHECK ONE

   Good Participation _____ Average Participation _____

   Poor Participation _____

   Comments please: _____

3. List the points (topics, pieces of information) covered:

4. Describe the things you did during the workshop (i.e., show a film, use small student discussion groups, lecture, demonstrate, make things . . .).

5. What was GOOD about the workshop today?

6. What NEEDS STRENGTHENING about this workshop?

7. Additional comments please: _____

Rev. 1-77

APPENDIX P

LEADERS' EVALUATION OF SCHOOL AGE

PARENTS' WORKSHOPS 1976-77

LEADERS' EVALUATION OF SCHOOL AGE

PARENTS' WORKSHOPS 1976-77

1. I felt the planning for the workshops was

_____ Good _____ Adequate _____ Poor

2. I felt the choice of topics covered was

_____ Good _____ Adequate _____ Poor

3. I felt the comprehension of the concepts by the students was

_____ Good _____ Adequate _____ Poor

4. I felt the students' interest in the program was

_____ Good _____ Adequate _____ Poor

5. I felt attendance by the students was

_____ Good _____ Adequate _____ Poor

6. To improve the program I'd like to see _____

_____

_____

_____

_____

7. Additional comments _____

_____

_____

_____

_____

APPENDIX Q

EVALUATION OF SCHOOL-AGE PARENT PROGRAM, 1976-77

EVALUATION OF SCHOOL-AGE PARENT PROGRAM, 1976-77

Please respond in writing as candidly as possible to the following questions:

1. Did the efforts of Allan, Jessie and Reggie* contribute to the effectiveness of the School-Age Parent Program? If so, what? If not, why?

2. Did these efforts have a relationship to the attendance pattern of the students? Explain.

3. Did these efforts have a relationship to any changes in your method(s) of instruction? If yes, please state new techniques acquired. If no, please explain why.

4. What effects, if any, did these efforts have on interagency delivery of services to the School-Age Parent Program? Please state clearly.

*Allan D. Okin, Director, Pupil Services, Alexandria City Public Schools; Jessie Mason, Supervisor, Special Education, Prince George's County Public Schools; Reggie Korovlev, Learning Disabilities Specialist, Fairfax County Public Schools.

June 10, 1977

APPENDIX R

EVALUATION OF SCHOOL-AGE PARENT PROGRAM, 1976-77

WITH PERCENTAGES

EVALUATION OF SCHOOL-AGE PARENT PROGRAM, 1976-77
WITH PERCENTAGES

Please respond in writing as candidly as possible to the following questions:

1. Did the efforts of Allan, Jessie and Reggie* contribute to the effectiveness of the School-Age Parent Program? If so, what? If not, why?

Yes	No	Not Answered
87.5%	--	12.5%

2. Did these efforts have a relationship to the attendance pattern of the students? Explain.

Yes	No	Not Answered
50%	12.5%	37.5%

3. Did these efforts have a relationship to any changes in your method(s) of instruction? If yes, please state new techniques acquired. If no, please explain why.

Yes	No	Not Answered
75%	--	25%

4. What effects, if any, did these efforts have on interagency delivery of services to the School-Age Parent Program. Please state clearly.

Yes	No	Not Answered
75%	--	25%

*Allan D. Okin, Director, Pupil Services, Alexandria City Public Schools; Jessie Mason, Supervisor, Special Education, Prince George's County Public Schools; Reggie Korovlev, Learning Disabilities Specialist, Fairfax County Public Schools.

June 10, 1977

APPENDIX S

PAMPHLETS, LEAFLETS, MIMEOGRAPHED MATERIAL, AND AUDIO-VISUALS USED IN INSTRUCTION

PAMPHLETS, LEAFLETS, MIMEOGRAPHED MATERIALS, AND AUDIO-VISUALS USED IN INSTRUCTION

Birth Defects

1. Are You His-Her Type?, The National Foundation/March of Dimes.
2. Birth Defects - The Tragedy and the Hope, The National Foundation/March of Dimes, 1975.
3. Drugs, Alcohol, Tobacco Abuse During Pregnancy, The National Foundation/March of Dimes.
4. Leaders Alert Bulletin 28: Venereal Diseases and Birth Defects, The National Foundation/March of Dimes.
5. Preventing Birth Defects Caused by Rubella, The National Foundation/March of Dimes.
6. Questions and Answers on Birth Defects, The National Foundation/March of Dimes.
7. To Know . . . and To Care About Babies, Baby!, The National Foundation/March of Dimes.

Child Development

1. Beautiful Junk, U.S. Department of Health, Education, and Welfare, DHEW Publication No. (OHD) 76-31036, 1975.
2. Child Development in the Home, U.S. Department of Health, Education, and Welfare, DHEW Publication No. (OHD) 76-30042, 1974.
3. Child's Self-Concept: O.K. or Not O.K., Cooperative Extension Service, Virginia Polytechnic Institute and State University, 1976.
4. Day Care for Your Children, U.S. Department of Health, Education, and Welfare, DHEW Publication No. (OHD) 74-47, 1974.
5. Fun in the Making, U.S. Department of Health, Education, and Welfare, DHEW Publication No. (OHD) 76-30031, 1973.
6. Head Start: A Child Development Program, U.S. Department of Health, Education, and Welfare, DHEW Publication No. (OHD) 76-31092.
7. Learning Through Touch, Extension Division, Virginia Polytechnic Institute and State University, Publication 709, 1976.

8. Play Games with Baby, Extension Division, Virginia Polytechnic Institute and State University, Publication 634, 1974.

9. Please Listen to Me, Division of Special Education, Maryland State Department of Education, 1975.

10. Safe Toys for Your Child, U.S. Department of Health, Education, and Welfare, DHEW Publication No. (OCD) 74-34, 1974.

Family Planning

1. The Right Way To Plan Your Family, Bureau of Family Planning, Virginia State Department of Health.

2. What Everyone Should Know About Contraception, Bureau of Family Planning, Virginia State Department of Health, 1975.

Nutrition

1. Eggs - The Mixed Up Food, Cooperative Extension Service, Virginia Polytechnic Institute and State University, 1975.

2. Current Concepts in Infant Nutrition, Cooperative Extension Service, Virginia Polytechnic Institute and State University, 1976.

3. Feeding Your Baby During His First Year, National Dairy Council, 1976.

4. Food and You ... Partners in Growth During Pregnancy, National Dairy Council, 1974.

5. Food From Birth To Birthday, National Dairy Council, 1976.

6. Food News, Cooperative Extension Service, Virginia Polytechnic Institute and State University, 1975.

7. Food Record, National Dairy Council, 1966.

8. Nutrition and Pregnancy, The National Foundation/March of Dimes.

9. Small Meals, Cooperative Extension Service, Virginia Polytechnic Institute and State University, 1975.

10. What Is Good Nutrition?, Annie Gilmer, 1977.

11. What Is The W.I.C. Program?, Anna Hoehn, 1977.

Parenting Education

1. Education for Parenthood, U.S. Department of Health, Education, and Welfare, DHEW Publication No. (OHD) 74-76.
2. Preparing Tomorrow's Parents, Elizabeth Ogg, Public Affairs Committee, Inc., Public Affairs Pamphlet No. 520, 1975.
3. Teenage Parenthood, Alexandria City Public Schools, 1976.

Prenatal Care

1. Alexandria Hospital Pre-Natal Program.
2. Be Good To Your Baby Before It Is Born, The National Foundation/March of Dimes, 1975.
3. Letters From Your Unborn Baby, Reba J. Davis and Cynthia Theiss, Home Economics Education, University of Illinois.
4. Prenatal Care, U.S. Department of Health, Education, and Welfare, DHEW Publication No. (OCD) 73-17, 1973.
5. Your Baby Book, Wyeth Laboratories, 1973.

Postnatal Care

1. After Baby Is Born, Mead Johnson & Company, 1971.
2. A Good Beginning, Barbara S. Lewis, 1973.
3. All About Your Baby, Grace C. Cooper, Consortium on Early Childbearing and Childrearing, Child Welfare League of America, Inc., 1973.
4. Baby Care Basics, Johnson & Johnson, 1976.
5. Baby's Health Record, Mead Johnson & Company, 1972.
6. Birth To Six Months, Bureau of Child Health, Virginia State Department of Health, 1975.
7. Caring For Your New Baby, Wyeth Laboratories, 1973.
8. How To Bathe And Care For Your New Baby, The Proctor & Gamble Company, 1968.
9. Infant Care, U.S. Department of Health, Education, and Welfare, DHEW Publication No. (OHD) 76-30015, 1974.
10. Taking Your Child's Temperature, Ross Laboratories, 1967.

11. Well Baby Clinic Orientation, Anna Hoehn, 1977.

12. When Baby Is Ill . . . , Johnson & Johnson, 1974.

Miscellaneous

1. As You Grow Up, Channing L. Bete Co., Inc., 1974.

2. Being A Woman Means Taking Care Of Yourself, American Cancer Society, Inc., 1969.

3. One-Parent Families, U.S. Department of Health, Education, and Welfare, DHEW Publication No. (OCD) 73-28, 1973.

Films and Slides Used in Class

1. Birth of a Baby, Alexandria Hospital, 4320 Seminary Road, Alexandria, Virginia 22314. Sixty color slides. Shows delivery and a Caesarean section and further shows the mother in various labor and delivery positions.

2. Food for Your Baby, Elizabeth Spencer, Virginia Polytechnic Institute and State University, Blacksburg, Virginia 24061. Sixty-six color slides with script, visual posters, and resource booklet. Introduces appropriate foods for feeding infants and describes how to prepare baby foods at home.

3. Inside My Mom, March of Dimes, 1001 Connecticut Avenue, Washington, D.C. 20036. Color slide set with cassette. Presents nutrition approach as a basic element of life in an entertaining and informative cartoon. Seven minutes, forty-five seconds. Spanish version available.

4. Lynne & Smitty, Health Sciences Center, Temple University, Philadelphia, Pennsylvania 19122. Sound-color, 18 minutes. The film depicts labor and delivery involving a young black couple, and conveys how the presence of significant others can be comforting to the woman giving birth.

5. What Is Good to Eat, Dairy Council of Greater Washington, D.C., 7315 Wisconsin Avenue, N.W., Washington, D.C. 20014. Sound-color, 17 1/2 minutes, with teacher-leader guide included. Film shows how the body uses nutrients from food, and how the four food groups provide a reliable pattern for making reasonable choices while also providing combinations that taste good.

APPENDIX T

STUDENT FEEDBACK FORM

STUDENT FEEDBACK FORM

Name _____

1. Objectives

a. Did the teachers tell you what they wanted to teach you? _____
b. Did you learn something that helped you? _____
c. What can the teachers do to make the classes better? _____

2. Materials

a. Could you read the books? _____ handouts? _____
b. Did you understand the movies? _____ film strips _____ charts? _____
c. Did you learn something from these that helped you? _____

3. Teachers

a. Did the teachers help you to learn? _____
b. Tell of any who did not help you to learn _____
c. What could the teachers do to make the classes better? _____

4. Counselor

a. Did the counselor help you to understand yourself? _____
b. Do you want to know other students better? _____
c. How could the counselor help you better? _____

5. Environment

a. Was the group too big _____ too small _____ to learn?
b. Was the room too big _____ too small _____ to learn?
c. Was the room too hot _____ too cold _____ to learn?
d. Was the room to noisy _____ too quiet _____ to learn?

6. Travel

a. Did you have any problems getting to or from S.S.O.C.? _____
b. How could the schools help you to get to and from S.S.O.C.? _____

7. Time

a. Were the classes too long? _____ too short? _____
b. Did the teachers teach you what you wanted to know when you needed/wanted to know it? _____
c. How could the teachers help students more in the future? _____

8. Methods

a. Which class had activities you liked best? _____

b. What were these activities? _____
c. Which class had activities you didn't like? _____
d. What were these activities? _____

9. Energy/Attention

a. Were more/fewer breaks needed during the classes? _____
b. When? _____
c. Was your energy or attention lower at different times? _____
d. Why? _____

10. Future Needs

a. What other courses in school could help you now? _____
b. What other classes in the Teenage Parent Program could help students who will be in the classes in the future?

_____

11. Labor and Delivery

a. Were you more at east during labor because of what you learned in the course? If so, explain: _____
b. Were you more at ease during delivery because of what you learned in the course? If so, explain: _____

12. Nutrition

a. Did you eat better foods for yourself and baby because of what you learned in the course? If so, explain: _____

_____
b. How are you feeding your baby? _____
c. What are you feeding your baby? _____
d. What did you learn from the course about feeding your baby?

_____

13. Baby Health and Care

a. Did the course help you to take good care of your baby? _____
If so, explain: _____
b. What information from the course has helped you most so far? _____
c. Where are you taking the baby for its health care? _____
d. How often do you go there? _____
e. Where do you go for your health care now? _____
f. Who is helping you care for your baby now? _____
g. Do you have plans for day care when the baby is old enough? _____ If so, where? _____

14. Present and Future Plans

a. Do you plan to return or stay in school? _____
Day school? _____ Night school? _____ Other? _____
b. Do you plan to go to school and work? _____

c. Do you plan to only go to work? _____
d. Do you plan to get married (immediately)? _____
e. Do you only want to stay at home with your baby? _____
f. Has the Teenage Parent Program helped you with any of these plans? _____
g. Who (i.e., public health nurse, home-school counselor, guidance counselor, Red Cross nurse, nutrition instructor, etc.) involved in the Teenage Parent Program has helped you with your plans? _____
h. Which relative or friend has helped you most with your plans? _____

Notes and Observations

Date of Interview _____ _____
Home-School Counselor

APPENDIX U

STUDENT FEEDBACK FORM WITH PERCENTAGES

OF STUDENT RESPONSES

STUDENT FEEDBACK FORM WITH PERCENTAGES
OF STUDENT RESPONSES[1]

Name _____

1. Objectives

a. Did the teachers tell you what they wanted to teach you?
Yes: 88.2% No: 11.8%
b. Did you learn something that helped you?
Yes: 94.4% No: 5.6%
c. What can the teachers do to make the classes better? _____

2. Materials

a. Could you read the books? Yes: 100% No: --
handouts? Yes: 100% No: --
b. Did you understand the "movies"? Yes: 100% No: --
filmstrips? Yes: 100% No: -- charts? Yes: 100% No: --
c. Did you learn something from these that helped you?
Yes: 100% No: --

3. Teachers

a. Did the teachers help you to learn? Yes: 100% No: --
b. Tell of any who did not help you to learn _____
c. What could the teachers do to make the classes better? _____

4. Counselor

a. Did the counselor help you to understand yourself?
Yes: 81.3% No: 18.8%
b. Do you want to know other students better? Yes: 75% No: 25%
c. How could the counselor help you better? _____

5. Environment

a. Was the group too big Yes: -- No: 100%
too small Yes: 5.5% No: 94.4% to learn?
b. Was the room too big Yes: 11.8% No: 88.2%
too small Yes: 5.9% No: 94.1% to learn?
c. Was the room too hot Yes: 38.9% No: 61.1%
too cold Yes: 11.8% No: 88.2% to learn?
d. Was the room too noisy Yes: 5.9% No: 94.1%
too quiet Yes: 11.8% No: 88.2% to learn?

---

[1]Variations in percentages exist because all the students did not answer all the questions. A blank indicates that percentages are not applicable; the responses are cited in the body of the report.

6. Travel

a. Did you have any problems getting to or from S.S.O.C.?
Yes: 5.6% No: 94.4%
b. How could the schools help you get to and from S.S.O.C.? _____

7. Time

a. Were the classes too long? Yes: 33.3% No: 66.7%
too short? Yes: 5.6% No: 94.4%
b. Did the teachers teach you what you wanted to know when you needed/wanted to know it? Yes: 76.5% No: 23.5%
c. How could the teachers help you more in the future? _____

8. Methods

a. Which class had activities you liked best? _____
b. What were these activities? _____
c. Which classes had activities you didn't like? _____
d. What were these activities? _____

9. Energy/Attengion

a. Were more/fewer breaks needed during the classes?
More: 29.4% Fewer: 23.5%
Neither (breaks were fine): 47.1%
b. When? _____
c. Was your energy or attention lower at different times?
Yes: 63.2% No: 36.8%
d. Why? _____

10. Future Needs

a. What other courses in school could help you now? _____
b. What other classes in the Teenage Parent Program could help students who will be in the classes in the future? _____

11. Labor and Delivery

a. Were you more at ease during labor because of what you learned in the course? Yes: 93.8% No: 6.3%
If so, explain _____
b. Were you more at ease during delivery because of what you learned in the course? Yes: 87.5% No: 12.5%
If so, explain _____

12. Nutrition

a. Did you eat better foods for yourself and baby because of what you learned in the course? Yes: 81.3% No: 18.8%
If so, explain _____
b. How are you feeding your baby? Bottle: 93.8%
c. What are you feeding your baby? _____

d. What did you learn from the course about feeding your baby? _____

13. Baby and Health Care

a. Did the course help you to take good care of your baby? Yes: 93.8% No: 6.3% If so, explain _____
b. What information from the course has helped you most so far? _____
c. Where are you taking the baby for its health care? Clinic: 75% Private doctor and Clinic: 6.3% Private doctor: 18.8%
d. How often do you go there? One time a month: 81.3% One time every two months: 13% One time every three months: 6.3%
e. Where do you go for your health care now? Clinic: 62.5% Private doctor: 37.5%
f. Who is helping you care for your baby now? Mother: 31.3% Mother and sister: 25% Sister: 18.8% Parents: 12.5% Mother and aunt: 6.3% Friend and sister: 6.3%
g. Do you have plans for day care when the baby is old enough? Yes: 66.7% No: 33.3% If so, where? Day Care Center: 22.2% Babysitter 33.3% Mother: 22.2% Mother and grandmother: 11.1% Father: 11.1%

14. Present and Future Plans

a. Do you plan to return or stay in school? Yes: 88.9% No: 11.1% Day school? 88.2% Night school? 11.8% Other? _____
b. Do you plan to go to school and work? Yes: 36.8% No: 63.2%
c. Do you plan to only go to work? Yes: 11.1% No: 88.9%
d. Do you plan to get married (immediately)? Yes: 5.6% No: 94.4%
e. Do you only want to stay at home with your baby? Yes: 16.7% No: 77.8% Don't know: 5.6%
f. Has the Teenage Parent Program helped you with any of these plans? Yes: 38.9% No: 61.1%
g. Who (i.e., public health nurse, home-school counselor, guidance counselor, Red Cross nurse, nutrition instructor, etc.) involved in the Teenage Parent Program has helped you with your plans? Public health nurse: 20% Many or all of the people: 20% None: 15% Home-school counselor: 10% Guidance counselor: 5% Northern Virginia Family Services counselor: 5% Coordinator: 5% School nurse: 5% Teachers: 5% Red Cross nurse: 5% School administrator: 5%
h. Which relative or friend has helped you most with your plans? Mother: 31.6% Sister: 21.1% Friend: 10.5% No one: 10.5% Aunt: 5.3% Mother and father: 5.3% Mother and baby's father: 5.3% Mother and sister: 5.3% Mother, father, and big brother: 5.3%

APPENDIX V

ASSESSMENT OF EACH PARTICIPANT'S ACCOMPLISHMENTS

ASSESSMENT OF EACH PARTICIPANT'S ACCOMPLISHMENTS

This appendix contains a report by each of the three authors summarizing what she or he accomplished in this group practicum.

Regeena Korovlev

This coauthor experienced much professional growth. The effort resembled a task force organized in a school system to solve a problem with the hope that a group could generate and implement improvements having greater impact than an individual could. This coauthor accomplished the following:

1. She became convinced that this method of solving problems could be efficient and effective.

2. She learned how to be involved in the coordination of efforts of three professionals in three different school systems toward a common goal, which involved organizing a speedy and effective communications system in order to facilitate and schedule necessary action.

3. Her invaluable learning experience also involved planning a system whereby a stranger must enter an existing program with one goal involving changing the behavior of a group of professional volunteers and school personnel.

4. Furthermore, she learned much about analyzing an existing, fragmented program and working with others to create a unified whole from divergent components.

5. She experienced further growth in working with others to plan a program, implement it, carefully keep records, receive feedback, and adjust the program as a result of the feedback.

6. Finally, this coauthor learned about the characteristics and needs of the teenage parent population and became convinced of the necessity for structured programs to be provided within the school system to teach these formerly drop-out citizens how to cope with and become contributing members of society.

Jessie Mason

In this practicum the practitioner was provided an opportunity to work closely with other public school professionals as well as with representatives from community agencies in order to implement a program for pregnant school-age teenagers. This endeavor had special significance for this practitioner in that the same issues that confront the Alexandria City Schools are similar to the problems that exist in the Prince George's County School System. In addition to the excellent opportunity for professional growth that was provided from this broad experience, it appears useful to focus on specific learning experiences which were derived from the practitioner's active involvement in this program for pregnant teenagers. These are:

1. She increased her understanding of the pregnant teenager's behavior patterns along with another opportunity to be aware and sensitive to the student's individual learning styles.

2. She gained knowledge about the emotional and personality factors that are unique to the pregnant student.

3. Her knowledge about the underlying philosophy and development of programs for pregnant school-age students increased.

4. The many observations of actual classroom practices helped her define the school's role in preparing these students for parenthood.

5. The varied elements of the program demonstrated to her the distinction between each interagency's contribution, yet revealed the esprit de corps in the coordination of efforts to provide the pregnant teenagers with skills and resources as they take on the responsibility of parenthood.

6. Through communications and observations she became knowledgeable about another school system's organizational structure, the educational program, as well as the educational and social problems of individual students in that system.

7. She increased her skills in conducting inservice workshops. As an outsider, yet highly involved, the experiences enabled the practitioner to elevate and sharpen her level of sensitivity to the range of feelings that must be constantly monitored if inservice training is to be effective.

8. She strengthened her organizational skills and other skills to become an effective self-directive learner.

9. From working continuously and closely with two other practitioners she gained valuable experience and an increase in knowledge about interpersonal relationships.

10. More importantly, from an experiential base and as a result of the knowledge and skills gained from this endeavor, the practitioner believes that these learning experiences are transferable and can be utilized in her own school system.

Allan D. Okin

Improvements in general administrative skills and sensitivity to community involvement projects were experienced by this coauthor. The talents of three complementary school administrators, representing different school systems, entered an arena in one school-community system. Before exiting, they breathed life into a meaningful educational program. Among his accomplishments, this coauthor cites the following:

1. He strengthened his supervisory skills, thereby providing structure for home-school counselors; they became reliable and accountable for their services to school-age parents.

2. He learned to expand the delivery of services to students, by home-school counselors and school psychologist(s), through intervention affecting future students as early as possible.

3. His convictions were confirmed; a school system is vulnerable when it hosts community volunteers to do its work without following through fully with its responsibilities. However, when a school system assumes its rightful leadership, the volunteering agencies will follow suit with optimal leadership, enthusiasm, dedication, and effectiveness.

4. Participating with colleagues from neighboring school systems in part replicated on-the-job collaboration, but in this instance resulted in working together for students without the ego-involvement and role-boundedness often evident within local divisions.

5. Through renewed, direct intervention with school-age parents, he became more aware of their needs as students and as people; therefore he was able to encourage interest in these students among school personnel, central office staff, and school board members.

6. Lastly, this coauthor became more convinced that a straightforward approach, using factual information relevant to school-age parents, is the primary way to facilitate progress in educational programs for these students among influential groups.

APPENDIX W

A PROPOSAL FOR MODIFICATION OF THE SCHOOL-AGE PARENT PROGRAM (ABRIDGED)

A PROPOSAL FOR MODIFICATION OF THE SCHOOL-AGE PARENT PROGRAM (ABRIDGED)

I. Need.

A. During the 1975-76 school year, of 48 known pregnant students only 12 (25%) attended the School-Age Parent Program one or more times. Nine of the 48 (19%) received credit for the course. Of these 9 students, six month follow-up (January 1977) revealed that 8 still lived in the City and only one had moved from Alexandria. Two of the eight still living in the City were attending school "regularly" at least 50% of their scheduled time; the 6 others were no longer in school or they were attending less than 50% of their scheduled time. Thus, two of the students who attended the School-Age Parent Program last year had returned to school on a more-or-less "regular" basis, marginal at that, six months after their involvement in the Program. Furthermore, follow-up indicates that of the 8 students, 100% attended the Well Baby Clinic at the Alexandria Health Department; this was another objective of the course. Also, 100% of the students were on homebound instruction during the school year.

B. During this school year, 1976-77, those of us involved in the interagency School-Age Parent Program have focused on the following improvements, some of which require a minimum of six months follow-up post-delivery:

1. Increased identification;
2. Increased attendance in the Program (course);
3. Increased attendance in school -
   a. pre-delivery
   b. post-delivery;
4. Increased understanding of course content (never considered before);
5. Increased improvement in instructional methods used to teach the course (never considered before); and
6. Maintenance of the 100% attendance at the Well Baby Clinic or private doctor.

C. Our efforts to improve the Program this year resulted in:

1. 76% of known pregnant students attending the School-Age Parent Program (up from 25% last year);
2. 44% of those students attending the Program will receive credit (up from 19% last year);
3. 35% of the pregnant students received homebound instruction (down from 100% last year) basically as a result in the change in policy.

4. The students who received course credit and attended school more than 50 percent of their scheduled time six months after delivery was 65 percent in comparison, 35.7 percent of the students who did not earn course credit attended school more than 50 percent of their scheduled time six months after delivery.

D. Alexandria does not appear too different in respect to the national "epidemic" of teenage parenthood. The educational approach that we have taken thus far for the past six years has attempted to meet the needs of the students in the context of the size of the system and the scope of the problem. The improvements indicated this past year look hopeful, but both the school system's and City's resources can be utilized more effectively as we face the challenges of:

1. The relationship of being a teenage mother and dropping out of school (this needs more than just a six-month follow-up);
2. The fact that the risks of childbearing and child-rearing are far greater for the adolescent mother and her infant than for the mature mother; and
3. The fact that a positive relationship between mother and infant during the early stages (i.e., pre, peri-natal and post-natal) of growth and development is most critical for the child.

II. Objectives.

A. To motivate the adolescent parent to complete school.

B. To encourage peer interaction to gain self-confidence and awareness for the parenting role.

C. To develop increased positive mother-child interactions.

D. To develop an understanding of child development and how it applies to one's own child.

E. To learn how to facilitate that child's development.

III. Methods.

A. To provide an approved credit course of instruction in the areas of child growth and development to prepare Alexandria high school students for eventual parenthood.

B. To provide an approved credit course of instruction in the areas of child growth and development for Alexandria high school students whose parenthood is established.

1. To establish in a secondary public school an approved parent-infant education center.
2. To teach responsible child care by having each parent attend this class daily with their infants for a duration of one-half a school day. The parents would attend an academic program, working toward their diploma, for the remaining half day. Thus, 5 to 6 parents would attend in the A.M. and an equal number would attend in the P.M., with the 10-12 infants remaining in the center for the entire school day.

IV. Staff.

A. One full time teacher with expertise in infant education and childhood development.

B. Two teacher aides.

C. Volunteer services may be provided by such community resources as:

1. Alexandria Public Health Department
2. Alexandria Department of Social Services
3. Alexandria Red Cross
4. Northern Virginia Family Services
5. Alexandria Hospital
6. Alexandria Mental Health Association
7. VPI Extension Program
8. Northern Virginia Parent-Infant Education

D. Continued participation by school system resources will include:

1. Coordinator of School-Age Parent Program
2. Pupil Services
   a. Home-School Counselors
   b. School Psychologists
3. Guidance Counselors
4. School Nurses
5. Homebound Teacher Services

V. Funding.

A. Cooperative funding agreement between the Alexandria City Public Schools and the Alexandria Department of Social Services.

B. Federal grants.

VI. Implementation is planned for the 1978-79 school year.

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GLOSSARY

academic credit: refers to one-half credit for a semester earned by the student in physical education or home economics

authors: group practicum participants

authors' project: this group practicum entitled "The Improvement of an Interagency Program for Teenage Parents in a School System"

content material: instructional information which is germane to the Teenage Parent Program

counseling: one hour weekly group sessions

curriculum relevancy: the scope and sequence of content material which relates to the program

home-school counselors: in other school systems these personnel are referred to as pupil personnel workers, visiting teachers, school social workers, etc.

instructional sessions: a one hour and fifteen minute weekly class period

multi-faceted strategy: several methods to solve a problem

turnover: change in staff due to resignations and rehiring for positions

writers: group practicum participants

FEB 2 8 1978

THE IMPROVEMENT OF AN INTERAGENCY PROGRAM FOR TEENAGE PARENTS IN A SCHOOL SYSTEM: FOLLOW-UP REPORT

by

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1978

FOLLOW-UP ACTIVITIES

At the end of the fall semester 1977, the authors tallied data to show whether or not effects of the practicum on attendance were maintained. First considered was the number of teenage mothers who continued their education within six months after delivery; this follow-up activity was relevant in ascertaining the achievement of the fifth objective for the second semester students who received credit for the course. The second consideration, related to these same students, was utilization of services of the Well Baby Clinic or private physician for infant health care; this follow-up activity was related to the achievement of the sixth objective.

The third and fourth follow-up activities were related to maintaining the effects of casework procedures for newly identified pregnant teenagers during the fall semester 1977. The Coordinator of the Teenage Parent Program kept records of their attendance at classes and made comparisons between these students and those attending the course last year. Thus, maintenance of effects on attendance related to the first and second objectives were ascertained.

Continuity of Education

The authors tabulated data to measure achievement of the fifth objective regarding attendance at school six months following delivery for five students (two students had moved).

Of the teenage mothers who delivered and received credit for the course, 60 percent attended school more than 50 percent of their scheduled time. Of the two students who did not attend school more than 50 percent of their scheduled time, one dropped out of school; the other student attended regularly during the first two months of school, then withdrew from school for three months, but started to attend again late in January. This latter student planned to return to school regularly when last interviewed. The data demonstrate that the objective of having 25 percent more teenage mothers return to school and attended more than 50 percent of their scheduled time was met for the second semester students. These results were comparable to the 65 percent rate of return to school for the fourteen first semester students.

Infant Health Care

The authors measured the attainment of the sixth objective of maintaining 100 percent utilization of services of the Well Baby Clinic or private physician by collecting information for the same five students. The public health nurse liaison's records showed that 100 percent utilization of these services was maintained, therefore achieving the sixth objective.

The birth weights for these five infants were within the range cited for the infants born to the first semester students. Four infants have been relatively healthy since birth. One of these infants had a low birth weight. The fifth infant was born with multiple physical problems and has had surgery. The public health nurse liaison's report indicated that the health of four

of the mothers has been relatively good; only one mother had a slight infection following delivery.

Maintenance of Effects

The Director of Pupil Services, working with the Coordinator of the Teenage Parent Program, recorded the number of pregnant teenagers attending the fall 1977 course one or more times in relation to the known number of pregnant teenagers. During this semester 68 percent of all known pregnant teenage students attended one or more class sessions. While slightly below the 77 percent and 75 percent recorded for each semester last year, the authors believe the effects related to the first objective were maintained.

To ascertain the maintenance of effects of the second objective during the fall semester 1977, the Director of Pupil Services and the Coordinator of the Teenage Parent Program tabulated the cumulative attendance of the students. The results were exactly the same as those for the second semester students last year; 40 percent of all known pregnant teenagers attended the course on a regular basis to receive credit for the course according to last year's standards.

Summary

The authors conclude that objectives were fully met for the second semester students in respect to both continuity of education and infant health care. Furthermore, the improvements in casework made last year resulted in maintenance of improved student attendance during the fall semester 1977. The authors

believe the follow-up data indicate that improvements in the Teenage Parent Program continued into the new school year without further intervention.

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